

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
RESIDENT ENGINEER'S REPORT OF ASSIGNMENT
CEM-0101 (REV 6/1999)

**Forward all information available at time of assignment;
use supplementary sheet to report additional information.**

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principle purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal

CO./RTE/PM	CONTRACT NUMBER	JOB STAMP
PROJECT LIMITS		
TYPE OF WORK		
RESIDENT ENGINEER NAME	FIELD OFFICE LOCATION	
FIELD OFFICE MAILING ADDRESS		FIELD OFFICE PHONE NO.
HOME ADDRESS		HOME PHONE NO.
CONTRACTOR NAME		
CONTRACTOR'S FIELD OFFICE MAILING ADDRESS		FIELD OFFICE PHONE NO.
CONTRACTOR'S SUPERINTENDENT NAME		DATE CONTRACTOR BEGAN WORK

In case of emergency conditions (after regular work hours) on the above construction project, any of the following persons should be contacted.

CALIFORNIA DEPARTMENT OF TRANSPORTATION

NAME	BUSINESS ADDRESS & PHONE NO. NORMAL WORK HOURS	HOME ADDRESS & PHONE NO. WEEKENDS & HOLIDAYS

CONTRACTOR

NAME	BUSINESS ADDRESS & PHONE NO. NORMAL WORK HOURS	HOME ADDRESS & PHONE NO. WEEKENDS & HOLIDAYS

COMMENTS:

RESIDENT ENGINEER'S SIGNATURE	DATE
-------------------------------	------

DISTRIBUTION: (If Applicable)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> District Director of Transportation | <input type="checkbox"/> Materials & Research | <input type="checkbox"/> CCO Room | <input type="checkbox"/> U.S. Forest Service |
| <input type="checkbox"/> District Communications Center | <input type="checkbox"/> Resident Engineer File | <input type="checkbox"/> Highway Patrol | <input type="checkbox"/> Dept. of Parks & Rec. |
| <input type="checkbox"/> Maintenance Superintendent | <input type="checkbox"/> Contractor | <input type="checkbox"/> County Sheriff | <input type="checkbox"/> Other: |
| <input type="checkbox"/> District Laboratory | <input type="checkbox"/> H.Q. Construction | <input type="checkbox"/> City Police | |

ADA Notice

For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 263-2041 or TDD (916) 263-2044 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

RELIEF FROM MAINTENANCE

CEM-0501 (Rev. 6/97)

CONTRACT NUMBER	COUNTY, ROUTE, BRIDGE OR POST MILES, OR POST KILOMETERS	FEDERAL NO.
CONTRACTOR NAME AND BUSINESS ADDRESS		

DESCRIPTION

BY LETTER(S) DATED _____, THE CONTRACTOR HAS REQUESTED RELIEF FROM
MAINTAINING THE FOLLOWING COMPLETED PORTIONS OF THE PROJECT:

RELIEF FROM MAINTENANCE AND RESPONSIBILITY AS INDICATED ABOVE IS RECOMMENDED.

Signature, Resident Engineer

RELIEF FROM MAINTENANCE AND RESPONSIBILITY GRANTED IN ACCORDANCE WITH THE ABOVE
RECOMMENDATION

Signature, District Director, Dist.

Date

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CEM0501



1. TYPE OF REPORT

<input type="checkbox"/> PROJECT SAFETY REVIEW	<input type="checkbox"/> CONTRACT ADMINISTRATION	<input type="checkbox"/> TAILGATE SAFETY MEETING
<input type="checkbox"/> PUBLIC SAFETY	<input type="checkbox"/> CT EMPLOYEE SAFETY	
NAME	TITLE	DATE
NAME	TITLE	DATE
NAME	TITLE	DATE

2. DISCUSSION (List Inspection Findings or Safety Topics Discussed)

3. ACTIONS TAKEN (List Corrective Actions or Recommendations)

4. SUPERVISOR'S COMMENTS (List comments, instructions, etc.)

5. SIGNATURES OF EMPLOYEES PRESENT (Use attached sheet for additional signatures)

SIGNATURE	SIGNATURE	SIGNATURE
SIGNATURE	SIGNATURE	SIGNATURE
SIGNATURE	SIGNATURE	SIGNATURE
SIGNATURE OF 1st LINE SUPERVISOR		DATE
SIGNATURE OF 2nd LINE SUPERVISOR		DATE
SIGNATURE OF SAFETY OFFICER		DATE

FM 91 1298

ORIGINAL - DISTRICT OFFICE

CC - FILE

CC - BULLETIN BOARD

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1. CODE OF SAFE PRACTICES (Mark the sections of the C.O.S.P. which apply to this project)

- | | | |
|--|--|---|
| <input type="checkbox"/> GENERAL SAFETY | <input type="checkbox"/> TRAFFIC CONTROL SYSTEMS | <input type="checkbox"/> OTHER SPECIAL CONSIDERATIONS |
| <input type="checkbox"/> EQUIPMENT | <input type="checkbox"/> EXCAVATIONS | <input type="checkbox"/> ELECTRICAL |
| <input type="checkbox"/> ELEVATED WORK AREAS | <input type="checkbox"/> NIGHT WORK | <input type="checkbox"/> FIELD TESTING |
| <input type="checkbox"/> HAZARDOUS MATERIALS | <input type="checkbox"/> FACILITIES | <input type="checkbox"/> CONFINED / ENCLOSED SPACE |
| <input type="checkbox"/> VEHICLE OPERATIONS | <input type="checkbox"/> PROJECT SPECIFIC REQUIREMENTS | <input type="checkbox"/> MATERIAL PLANT SITES |

2. PLANNED, PERIODIC INSPECTIONS (Planned, periodic safety inspections will be conducted as follows)

STAGE	INTERVAL	STAGE	INTERVAL
	WORK DAYS		WORK DAYS
	WORK DAYS		WORK DAYS

3. PROJECT SAFETY COORDINATOR IS:

4. PROGRAM AGREEMENT

RESIDENT ENGINEER'S SIGNATURE

DATE

CONSTRUCTION ENGINEER'S SIGNATURE

DATE

CONSTRUCTION SAFETY COORDINATOR'S SIGNATURE

DATE

5. EMPLOYEE'S ACKNOWLEDGMENT - (Each employee shall acknowledge reading the C.O.S.P. by their signature)

I HAVE READ THE APPLICABLE CODE OF SAFE PRACTICES

SIGNATURE	DATE	SIGNATURE	DATE

FM 91 1329

USE AN ATTACHED SHEET FOR ADDITIONAL SIGNATURES

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MAJOR CONSTRUCTION INCIDENT NOTIFICATION

CEM-0603 (NEW 3/2001)

URGENT - DELIVER IMMEDIATELY**FAX this form (no cover sheet) IMMEDIATELY to:**

- Headquarters Office of Safety and Health @ 916-227-2639, CALNET 8-498-2639
- Construction Program Manager/Safety Coordinator @ (916) 654-6345, CALNET 8-464-6345

Follow district procedure for notifying personnel within your area. Completion of this form does not relieve the federal and Cal/OSHA reporting requirements. See the construction and safety manuals for more information on reporting requirements.

Report

Report Date ____/____/____ Report Time ____ : ____ ☐ AM ☐ PM
☐ Initial Report ☐ Updated Report ☐ Final Report

Person Preparing Report _____ Phone # (____) - ____ - ____

Incident Site Information

Incident Date ____/____/____ Incident Time ____ : ____ ☐ AM ☐ PM

Location: District/Co./Rte/Kilo or Mile Post **Direction:** ☐ NB ☐ SB ☐ EB ☐ WB

____/____/____ Weather _____

Resident Engineer _____ Phone # _____

Prime Contractor _____ E.A. # _____

Is incident within a construction zone? ☐ Yes ☐ No

Describe nature of work: _____

CHP Officer: I.D. # _____ CHP Report # _____

	STATE	CONSULTANT	CONTRACTOR	PUBLIC
FATAL				
SERIOUS				

Name of Hospital: _____

Description (facts only-use additional sheet if necessary)

MAJOR CONSTRUCTION INCIDENT NOTIFICATION**URGENT - DELIVER IMMEDIATELY****ADA
Notice**

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INSTRUCTIONS

Use this *fax report form* to report any fatal or serious accident or any accident with the potential to be fatal or disabling. The "Person Preparing Report" is to FAX the information to the Headquarters Office of Safety and Health, the Construction Program, and the district construction safety coordinator. Fax an Initial Report immediately, even if information is minimal. The *Initial Report* is intended to notify management as-soon-as possible. An *Updated Report* may be used to provide supplementary information when deemed necessary. Follow district procedure for notifying personnel within the district.

INCIDENTS TO BE REPORTED USING THIS FAX REPORT FORM (no cover sheet)

- Incidents involving death or serious injury to a state or a consultant employee or resulting in the death of a contractor's employee. Telephone in notice of the incident, in advance of the fax when possible:
 1. Phone HQ - Office of Safety & Health @ 916-227-2640
 2. Phone HQ - Construction Program Manager/Safety Coordinator@ 916-654-2157/916-654-5627
 3. Phone District Construction Management/Safety Coordinator @ _____
- Incidents resulting in serious injury to a contractor's employee
- Incidents involving serious damage to equipment owned by the state, consultants or the contractor.
- Incidents resulting in the serious injury or death of a member of the public within the construction zone, or influenced in any manner by construction-related activities, conditions, equipment or personnel.
- All catastrophic type of incidents or incidents receiving wide media coverage.
- Incidents which may result in a significant delay to the traveling public.
- Incidents with no injuries, but with a high potential for being fatal or disabling include, but are not limited to: false-work or guying system failures, overturned cranes, high-voltage contacts, trench excavation or shoring failures, gas or fuel line fire or explosions, hazardous utilities breaks, and collisions with structures under construction or their supporting false-work that cause displacement of a major member.

A SERIOUS INJURY IS ANY INJURY MEETING ONE OF THE FOLLOWING CRITERIA:

- The injured person misses three days or more of work (submit report if deemed possible).
- Two or more employees miss more than one day of work (submit report if deemed possible).
- Any injury resulting in hospital admission other than for medical observation. If the medical condition of the victim is unknown, but the victim was transported by ambulance then the injury should be considered as serious until more information becomes available.

REQUIRED CONTENT OF FAX REPORT FORM

- Contact information about person preparing report (name, and phone number).
- Contract identification (contract number, any federal project number, county, route, and kilo-post limits, resident engineer, and the prime contractor).
- Basic incident information (date, time, specific location, and prevailing weather conditions). This should be in sufficient detail to enable the Construction Program to obtain the California Highway Patrol's or local police report if necessary.
- Names of the persons involved in the incident and their affiliation with the contract (contractor, consultant, state employee, or private citizen).
- Description of the incident and how it occurred (**facts only**).
- Identification of other agencies making an investigation, and the names, badge numbers and report numbers when this information is available.

The resident engineer should take sufficient photographs or videotapes to document the conditions that existed at the time of the incident, including all signing and traffic control features that may have been in effect at the time of the accident. Depending on district policy and the nature and severity of the accident, additional documentation may be required. The construction safety coordinator should be consulted for additional information in such cases.



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INSTRUCTIONS FOR COMPLETING SUBCONTRACTING REQUEST FORM

All First-tier subcontractors must be included on a subcontracting request.

Submit in accordance with Sections 8-1.01 of the Standard Specifications. Type or print requested information. Information copy (goldenrod) is to be retained by the contractor. Submit other copies to the project's Resident Engineer. After approval, the original will be returned to the contractor.

When an entire item is subcontracted, the value to be shown is the contractor's bid price.

When a portion of an item is subcontracted, describe the portion, and show the % of bid item and value.

THIS FORM IS NOT TO BE USED FOR SUBSTITUTIONS.

Prior submittal of a CP-CEM-1201 involving a replacement Subcontractor, submit a separate written request for approval to substitute a listed subcontractor. Section 4107 of the Government Code covers the conditions for substitution.

Submit a separate written request for approval of any DBE/DVBE substitution. Include appropriate backup information and state what efforts were made to accomplish the same dollar value of work by other certified DBE/DVBES.

NOTE: For contractors who will be performing work on railroad property, it is necessary for the contractor to complete and submit the Certificate of Insurance (State Form DH-OS-A10A) naming the subcontractor as insured. ***No work will be allowed which involves encroachment on railroad property until the specified insurance has been approved.***

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM ANNUAL CERTIFICATION

CEM-2001 (NEW 9/95)

RESIDENT ENGINEER NAME		CALTRANS CONTRACT NO.
PROPOSED STARTING DATE	PROPOSED COMPLETION DATE	COUNTRY, ROUTE, POST MILES
WORK DESCRIPTION		

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

CONTRACTOR SIGNATURE

DATE

THIS CERTIFICATION COMPLIES WITH THE REQUIREMENTS OF THE STATEWIDE NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM PERMIT NO. CAS000002, ORDER NO. 92-08-DWQ FOR CONSTRUCTION.

APPROVAL	
RESIDENT ENGINEER'S SIGNATURE	DATE
<p>Note to Resident Engineer: If you cannot certify compliance, notify the appropriate Regional Water Board. Identify the type of non-compliance and the action necessary to achieve compliance. Include a time schedule for achieving compliance. This notification must be made within 30 days.</p>	

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STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

NOTIFICATION OF CONSTRUCTION

CEM-2002 (NEW 4/10/2000)

IN COMPLIANCE WITH CALTRANS STATEWIDE NPDES STORM WATER PERMIT Order No. 99-06 DWQ, NPDES No. CAS000003

I. IDENTIFICATION - Attach Vicinity Map, 1/2 size copy of Title Sheet

PROJECT		CHECK ONE: <input type="checkbox"/> First Submittal or <input type="checkbox"/> Amendment No. EA		CONTRACT NUMBER	DATE MM/DD/YYYY
CITY (if applicable)		COUNTY		TENTATIVE START DATE	TENTATIVE END DATE
ROUTE	POST MILE	KILOMETER POST		TENTATIVE DATE SWPPP AVAILABLE	

II. CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARDS

<input type="checkbox"/> Region 1, North Coast	<input type="checkbox"/> Region 5, Central Valley	<input type="checkbox"/> Region 6, Lahontan	<input type="checkbox"/> Region 7, Colorado River
<input type="checkbox"/> Region 2, San Francisco Bay	<input type="checkbox"/> Sacramento	<input type="checkbox"/> South Lake Tahoe	<input type="checkbox"/> Region 8, Santa Ana
<input type="checkbox"/> Region 3, Central Coast	<input type="checkbox"/> Fresno	<input type="checkbox"/> Victorville	<input type="checkbox"/> Region 9, San Diego
<input type="checkbox"/> Region 4, Los Angeles	<input type="checkbox"/> Redding		

III. CALTRANS DISTRICT

NAME/NUMBER	PROJECT CONTACT
ADDRESS	POSITION TITLE
CITY	PHONE

IV. CONSTRUCTION FIELD OFFICE - Attach Location Map

STREET ADDRESS			CONSTRUCTION CONTACT
PHYSICAL LOCATION IF DIFFERENT THAN ADDRESS ABOVE			POSITION TITLE
CITY	STATE	ZIP	PHONE

V. CONSTRUCTION SITE INFORMATION

DESCRIPTION AND TYPE OF WORK

ADDITIONAL RELATED REQUIRED APPROVALS: ☐ DTSC Variance ☐ CWA 404/401 ☐ DFG 1601 ☐ NPDES/WDRs ☐ OTHER

DESCRIBE:

TOTAL CONSTRUCTION AREA:	ACRES	HECTARES	TOTAL DISTURBED AREA:	ACRES	HECTARES
RECEIVING WATER NAME:			PROJECT IN OR ADJACENT TO RECEIVING WATER? <input type="checkbox"/> YES		
PROJECT DISCHARGES TO? <input type="checkbox"/> GROUNDWATER INFILTRATION		BASIN LOCATION:		MUNICIPAL/OTHER SYSTEM NAME:	

VI. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or to those persons directly responsible for gathering the information, the information submitted is true, accurate and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment of knowing violations.

SIGNATURE	DATE
PRINT/TYPE NAME	TITLE

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STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
NOTIFICATION OF CONSTRUCTION (NOC) INSTRUCTIONS

CEM-2002 (NEW 4/10/2000)

CALTRANS STATEWIDE NPDES PERMIT
Order No. 99-06 DWQ, NPDES CAS000003

The Permit requires that a Notification of Construction (NOC) for construction projects covered by the Permit be submitted to the appropriate Regional Water Quality Control Board (RWQCB) at least 30 days prior to the start of construction. In some cases, the RWQCB may view two or more smaller projects in the same corridor as part of a larger common plan of development. The Project Manager should be aware of other projects in the corridor. If needed, these projects should be mentioned in section V. Construction Site Information.

Typically, most of the information on the form is completed by the District Storm Water Coordinator, Environmental staff, Project Manager or Project Engineer. That individual also submits the NOC to the appropriate RWQCB(s) at the same time the PS&E package is transmitted to the Office Engineer. No fees are to be submitted to the RWQCBs. A copy should also be transmitted to the District Construction Division.

At the time of the first submittal to the RWQCB, the District may elect to leave blank the information in Section IV. Construction Field Office and resubmit a copy of the form with that information filled in at the time the Resident Engineer (RE) is assigned. Alternately, the District may wish to fill in a contact name of someone other than the RE, such as the Area Senior Construction Engineer or Project Manager, who will remain the contact for that project until the NOC is resubmitted with the new contact information, or until the Notice of Completion of Construction (NCC) is filed.

The form may be filled in electronically or by printing legibly.

I. IDENTIFICATION. Provide a brief project descriptive name, a "nickname." When the NOC is first submitted to the RWQCB, check the First Submittal box. For subsequent changes of information, including contact information, enter the amendment number.

Enter the Contract Number. Use the construction phase EA.

Enter the date that the NOC is first submitted to the Regional Water Quality Control Board (RWQCB), or date of subsequent submittals.

Provide a "to scale" or "to approximate scale" drawing of the construction site and the immediate surrounding area. Limit the map to an 8.5" x 11" or 11" x 17" size. At a minimum, the map must show the site perimeter, the geographic features surrounding the site, general topography, and location of the construction project in relation to surface waters and named streets, roads, intersections, or landmarks. Do not submit a drawing unless it meets the above size limits.

Enter the city, if applicable, or N/A if not within city limits. Enter the county or counties, route number, post mile and kilometer post. Also enter the tentative start and end dates.

Enter a tentative date the Storm Water Pollution Prevention Plan (SWPPP) will be available.



NOTIFICATION OF CONSTRUCTION (NOC) INSTRUCTIONS
CEM-2002 (NEW 4/10/2000)**CALTRANS STATEWIDE NPDES PERMIT**
Order No. 99-06 DWQ, NPDES CAS000003**II. CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD(S).**

Check the box of the RWQCB(s) that has jurisdiction over the area that the project is in.

III. CALTRANS DISTRICT. Enter the name and address of the Caltrans District individual responsible for submittal of the NOC to the RWQCB. Typically that individual is the Project Engineer, Project Manager, the District Storm Water Coordinator, or Environmental Program staff.

IV. CONSTRUCTION FIELD OFFICE. Enter Caltrans field office information, if known, and Construction Contact person information. As discussed above, the District may elect to use the contact information for the RE after the project has been assigned, or another individual, such as the Area Senior or Project Manager. If the Construction Contact information changes, then the District should resubmit a revised form to the RWQCB(s). Provide the physical address of the field office, or a description of the physical location of the field office if no physical address is available and a location map.

V. CONSTRUCTION SITE INFORMATION. Provide a brief narrative description of the work. You can attach a checklist of permanent and/or temporary BMPs if needed, or required by a RWQCB. A checklist of construction BMPs can also be attached later as an amendment after the SWPPP is completed.

Check the box or boxes to indicate any additional required approvals, permits or certifications. Some examples are: variance from the Department of Toxic Substances Control (DTSC) for reuse of soil containing lead, dredge or fill operations requiring Army Corps of Engineers 404 certification and/or Clean Water Act 401 certification, streambed alteration requiring Department of Fish and Game 1601 permit and non-storm water discharges requiring separate waste discharge requirements. Describe the condition and whether the approval, permit or certification has been issued. If the project involves soils subject to the DTSC variance, notify the appropriate RWQCB(s) to determine if separate waste discharge requirements must be issued. The RWQCBs have up to 120 days to issue waste discharge requirements, so the RWQCBs should be notified early in the process.

Indicate the total size in acres and hectares, of the construction project. Also indicate the size of the disturbed soil area. Disturbed soil area is defined in the Storm Water Management Plan as "areas of exposed, erodible soil, including stockpiles, that are within the construction limits and that result from construction activities."

Identify the name of the surface receiving water body for the storm water discharge. Indicate whether the project is in or immediately adjacent to the receiving water. If the storm water is infiltrated, check the box for infiltration basin, and identify the basin's location. If the discharge is to a separate storm sewer system, such as a collection system operated by a municipality, flood control district, utility, or similar entity, check the box for municipal/other system and the name of the system owner.

VI. CERTIFICATIONS. The permit requires that all reports and information requested by the SWRCB or RWQCBs be signed by an Executive Officer, Executive Director or a duly authorized representative if the authorization is made in writing. If signature authority is delegated to staff, a copy of that delegation letter should be sent to the Storm Water Manager at Headquarters.

NOTICE OF COMPLETION OF CONSTRUCTION

CEM-2003 (NEW 4/12/2000)

IN COMPLIANCE WITH CALTRANS STATEWIDE NPDES STORM WATER PERMIT Order No. 99-06 DWQ, NPDES No. CAS000003

I. IDENTIFICATION

PROJECT		CONTRACT NUMBER EA		DATE MM/DD/YYYY	
CITY (if applicable)	COUNTY	ROUTE	KILOMETER POST / POST MILE (S)	START DATE	END DATE

II. CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARDS

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Region 1, North Coast | <input type="checkbox"/> Region 5, Central Valley | <input type="checkbox"/> Region 6, Lahontan | <input type="checkbox"/> Region 7, Colorado River |
| <input type="checkbox"/> Region 2, San Francisco Bay | <input type="checkbox"/> Sacramento | <input type="checkbox"/> South Lake Tahoe | <input type="checkbox"/> Region 8, Santa Ana |
| <input type="checkbox"/> Region 3, Central Coast | <input type="checkbox"/> Fresno | <input type="checkbox"/> Victorville | <input type="checkbox"/> Region 9, San Diego |
| <input type="checkbox"/> Region 4, Los Angeles | <input type="checkbox"/> Redding | | |

III. CALTRANS DISTRICT

NAME/NUMBER		PROJECT CONTACT
ADDRESS		POSITION TITLE
CITY	ZIP	PHONE

IV. BASIS OF COMPLETION

- ☐ 1. The construction job is complete and requirements met as of **Date:** _____
- ☐ 2. Construction activities have been suspended, as of **Date:** _____ **Expected Start Up Date:** _____
- ☐ 3. Site can not discharge storm water to waters of the United States **Reason:** _____
- ☐ 4. Discharge is now subject to NPDES Permit **No.** _____ **Date:** _____

V. DESCRIPTION OF COMPLETION (Attach site photographs)**VI. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or to those persons directly responsible for gathering the information, the information submitted is true, accurate, and complete to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment of knowing violations.

SIGNATURE

PRINT/TYPE NAME

DATE

TITLE

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NOTICE OF COMPLETION OF CONSTRUCTION (NCC) INSTRUCTIONS

CEM-2003 (NEW 4/12/2000)

CALTRANS STATEWIDE NPDES PERMIT Order No. 99-06 DWQ, NPDES CAS000003

I. IDENTIFICATION. The project name, contract number, city, county, route, kilometer post and post mile information should be identical to that on the Notification of Construction form. Enter the date the Completion of Construction (NCC) is submitted to the Regional Water Quality Control Boards (RWQCB) and the start and end dates of construction.

II. CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARDS. Check the box next to the appropriate RWQCB(s).

III. CALTRANS DISTRICT. Provide the Caltrans District information and the name, title and phone of the construction contact, which by District policy may be the Resident Engineer (RE), the Area Senior, the Program Manager, National Pollution Discharge Elimination System (NPDES) Coordinator or other responsible staff. The contact should be someone who can address RWQCB staff questions about project storm water controls or who can refer a RWQCB staff to a someone who can.

IV. BASIS OF COMPLETION. Check one of the boxes:

1. The construction project has been completed and

- all elements of the Storm Water Pollution Prevention Plan (SWPPP) have been completed;
- construction materials and equipment maintenance waste have been disposed of properly;
- final stabilization requirements have been met, i.e., when all soil disturbing activities are completed and either:
 - a. a uniform vegetative cover with 70 percent coverage has been established or
 - b. equivalent stabilization measures have been employed. (i.e., erosion resistant soil coverings or treatments).Caltrans projects typically include erosion control on all disturbed areas, which is considered to be equivalent stabilization.
- the post-construction storm water operation and management plan is in place.

2. Construction activities have been suspended, either temporarily or indefinitely and

- all elements of the SWPPP have been completed;
- construction materials and equipment maintenance waste have been disposed of properly;
- all denuded areas and other areas of potential erosion are stabilized;
- an operation and maintenance plan for erosion and sediment control is in place;
- the date construction activities were suspended, and the expected start up date

3. The construction site can not discharge storm water to waters of the United States. Indicate how prevention of all discharge is ensured, and if all storm water is retained on site or collected offsite.

4. The discharge of construction storm water from the site is now subject to another NPDES general permit or an individual NPDES permit. The general permit or individual permit NPDES number and the date coverage began should be provided.

V. DESCRIPTION OF COMPLETION

Briefly describe how the completion requirements have been met. Attach site photographs.

VI. CERTIFICATION

The permit requires information submitted be signed by the District Director or a duly authorized representative. If the District Director elects to delegate signature authority, the District must first have submitted the list of authorized representatives to the appropriate RWQCB.



COZEEP DAILY REPORT

CEM-2101 (REV 04/2001) CT# 7541-3201-3

(JOB STAMP)

DATE _____

DAILY REPORT NUMBER *	DISTRICT	EA	4	SPECIAL DESIGNATION - COZEEP
				Object Code: 042

PROJECT LOCATION/DESCRIPTION

COUNTY _____

ROUTE _____

POST MILE _____

DESCRIPTION OF WORK _____

OFFICER/SERGEANT/VEHICLE INFORMATION		CHP DIVISION/AREA CODE _____			
		CHP SPECIAL PROJECT CODE _____			
CHP	<i>(Please Print)</i>	1	2	3	4
	MEMBER NAME				
	ID NUMBER				
	RANK				
	VEHICLE NUMBER				
	STARTING TIME				
	ENDING TIME**				
	TOTAL TIME				
	STARTING MILEAGE				
	ENDING MILEAGE**				
	TOTAL MILEAGE**				
	INITIALS <i>(end of shift)</i>				

CALTRANS APPROVAL

NAME AND TITLE <i>(print)</i>	SUPERVISOR'S NAME <i>(print)</i>	COST CENTER
APPROVAL SIGNATURE <i>(End of Shift)</i>	PHONE	FIELD OFFICE

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* Use District/Cost Center as the Daily Report Number.

** These figures are estimates and may be increased or decreased in accordance with the terms of the contract.

WHITE - District COZEEP Coordinator

BLUE - CHP Officer

PINK - Resident Engineer (Project Files)



COZEEP/MAZEEP TASK ORDER

CEM-2102 (New 10/1999)

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COZEEP/MAZEEP TASK ORDER

District/EA: _____ / _____
 Date of Request _____
 Project Number _____ (optional)

This task order is entered into pursuant to the provisions of the Interagency Agreement No. _____ between Caltrans and the California Highway Patrol (CHP).

This task order implements and is hereby made part of Interagency Agreement No. _____.

1. Project Description and Location (include the county route and post kilometer)

2. Type of Services Required

3. Date(s) and time(s) services are to be provided

Reporting Date _____	Reporting Date _____	Reporting Date _____
Reporting Time _____	Reporting Time _____	Reporting Time _____
*Completion Time _____	*Completion Time _____	*Completion Time _____
Reporting Date _____	Reporting Date _____	Reporting Date _____
Reporting Time _____	Reporting Time _____	Reporting Time _____
*Completion Time _____	*Completion Time _____	*Completion Time _____

* Estimated

4. Project Officials

Caltrans Project Supervisor

Name _____
 Title _____
 Telephone No. _____
 Facsimile No. _____

CHP Coordinator (completed by CHP)

Name _____
 Title _____
 Telephone No. _____
 Facsimile No. _____

COZEEP/MAZEEP TASK ORDER

Page 2 of 2

CEM-2102 (New 10/1999)

5. Reporting

Caltrans and CHP agree that all reporting for this job shall be accomplished through the standard COZEEP/MAZEEP Daily Report Form. Revisions, other versions, or additional forms shall not be used.

Approvals

Caltrans

California Highway Patrol

By _____
(Name and Title)

By _____
(Name, ID # and Title)

6. Cancellations

FIRST CANCELLATION			
Cancellation Notice Issued By (name of Caltrans Employee)		Signature:	
Date and Time Notification issued			
Member Name	Member ID	\$50	4 Hours
Person Receiving Notification (Print Name/ID#):		Signature	
Date and Time Notification Received			

SECOND CANCELLATION			
Cancellation Notice Issued By (name of Caltrans Employee)		Signature:	
Date and Time Notification issued			
Member Name	Member ID	\$50	4 Hours
Person Receiving Notification (Print Name/ID#):		Signature	
Date and Time Notification Received			



STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

SUBSTITUTION REPORT FOR DISADVANTAGED BUSINESS ENTERPRISE/DISABLED VETERAN BUSINESS ENTERPRISE

CEM-2401 (REV. 3/99) CT# 7541-3507-3

ADA Notice

For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 263-2041 or TDD (916) 263-2044 or write Records and Forms Management, 1120 N Street, MS-39, Sacramento, CA 95814.

(See Reverse for Instructions)

CONTRACT NUMBER		<input type="checkbox"/> STATE FUNDED PROJECT <input type="checkbox"/> FEDERAL AID PROJECT		APPROVAL		
REQUEST DATE				RESIDENT ENGINEER (Signature)		DATE
PRIME CONTRACTOR				GOOD FAITH EFFORT DEPUTY DISTRICT DIRECTOR - CONSTRUCTION (Signature)		DATE
LISTED OR PREVIOUSLY APPROVED SUBCONTRACTOR		<input type="checkbox"/> DBE <input type="checkbox"/> DVBE	PROPOSED SUBCONTRACTOR		<input type="checkbox"/> DBE <input type="checkbox"/> DVBE	
ITEM #	WORK DESCRIPTION	DOLLAR AMOUNT COMPLETED	REMAINING DOLLAR AMOUNT	ITEM #	WORK DESCRIPTION	DOLLAR AMOUNT
TOTAL \$						TOTAL \$

REASONS FOR SUBSTITUTION
(Check Appropriate Block)

- ☐ 1. The listed DBE/DVBE, after having a reasonable opportunity to do so, failed, or refused to execute a written contract, based upon the general terms, conditions, plans and specifications for the project, or on the terms of such subcontractor's or supplier's written bid, was presented by the Contractor.
- ☐ 2. The listed DBE/DVBE is bankrupt or insolvent.
- ☐ 3. The listed DBE/DVBE failed or refused to perform the contract or furnish the listed materials.
- ☐ 4. The listed DBE/DVBE subcontractor failed or refused to meet the bond requirements of the Contractor.
- ☐ 5. The work performed by the listed subcontractor was substantially unsatisfactory and was not in substantial accordance with the plans and specifications, or the subcontractor was substantially delaying or disrupting the progress of work.
- ☐ 6. It was in the best interest of the State.

REMARKS:

DISTRIBUTION:	ORIGINAL - Contractor	GREEN - Resident Engineer	CANARY - District Construction/Labor Compliance Officer	PINK - Construction Program	GOLDENROD - Business Enterprise Program
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STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
**SUBSTITUTION REPORT FOR DISADVANTAGED BUSINESS ENTERPRISE/DISABLED
VETERAN BUSINESS ENTERPRISE**
CEM-2401 (REV. 3/99) CT# 7541-3507-3

INSTRUCTIONS

Contract Number	Example: 01-234567
State Funded/Federal Aid	Check one only.
Approval	Resident Engineer can approve if: One DB is to be substituted for another DB if the same items of work are involved or, if different items, the dollar value is equal to or greater than the original proposal; the new DB is certified.
Good Faith Effort	DDD or his/her designee must approve if: A good faith effort was made to substitute listed subcontractor, but proposed subcontractor is not certified as DBE.
Date	Date of approval by Resident Engineer/Deputy District Director.
Listed/Proposed Subcontractor	Indicate name of subcontractors involved. Check one box only, as applicable.
Item Number	From Special Provisions.
Work Description	Corresponds to Item #, Special Provisions. List only items or partial items of work allocated to subcontractor being removed.
Dollar	Dollar amount of work completed by previously approved contractor, and dollar amount of remaining work. (If a portion of the work has been done, explain in the remarks section or on attachment.)
Reasons for Substitution	Check appropriate box.

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

CEM-2402F (REV. 10/1999) CT# 7541-3502-2

CONTRACT NUMBER		COUNTY	ROUTE	<input type="checkbox"/> POST MILES	<input type="checkbox"/> POST KILOMETERS	<input type="checkbox"/> FEDERAL AID PROJECT	ADMINISTERING AGENCY	CONTRACT COMPLETION DATE	
PRIME CONTRACTOR				BUSINESS ADDRESS			ESTIMATED CONTRACT AMOUNT		
							\$		
ITEM NO.	DESCRIPTION OF WORK PERFORMED AND MATERIALS PROVIDED	SUBCONTRACTOR NAME AND BUSINESS ADDRESS	DBE CERT. NUMBER	CONTRACT PAYMENTS				DATE WORK COMPLETE	DATE OF FINAL PAYMENT
				NON-DBE	DBE	DBE MINORITY	DBE (NON-MINORITY WOMEN)		
				TOTALS		\$	\$	\$	\$
ORIGINAL COMMITMENT						\$			

DBE (NON-MINORITY WOMEN)
DBE (MINORITY WOMEN)

List all First Tier Subcontractors, Disadvantaged Business Enterprises (DBEs) regardless of tier, whether or not the firms were originally listed for goal credit. If actual DBE utilization (or item of work) was different than that approved at time of award, provide comments on back of form. List actual amount paid to each DBE, even if different than originally listed for goal credit.

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT

CONTRACTOR REPRESENTATIVE'S SIGNATURE

BUSINESS PHONE NUMBER	DATE
-----------------------	------

TO THE BEST OF MY INFORMATION AND BELIEF, THE ABOVE INFORMATION IS COMPLETE AND CORRECT

RESIDENT ENGINEER'S SIGNATURE

BUSINESS PHONE NUMBER	DATE
-----------------------	------

COPY DISTRIBUTION: Original - Construction Program Green - Business Enterprise Program Canary - Contractor Pink - District Construction Golden Rod - Resident Engineer

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ADA Notice

FINAL REPORT - UTILIZATION OF DISADVANTAGED BUSINESS ENTERPRISES (DBE), FIRST-TIER SUBCONTRACTORS

CEM-2402F (REV. 10/1999) CT# 7541-3502-2

The form requires specific information regarding the construction project: Contract Number, County, Route, Post Miles/ Post Kilometers, a box to check that the project is indeed a Federal Aid Project, the Administering Agency (Caltrans), the Contract Completion Date and the Estimated Contract Amount. It requires the prime contractor name and business address. The focus of the form is to describe who did what by contract item numbers and descriptions, asking for specific dollar values of item work completed broken down by subcontractors who performed the work, both DBE and non-DBE work forces. DBE prime contractor's are required to show the date of work performed by their own forces along with the corresponding dollar value of work.

The form has a column to enter the Contract Item No. (or Item No's) and description of work performed or materials provided, as well as a column for the subcontractor name and business address. For those firms who are DBE, there is a column to enter their DBE Certification Number. The DBE should provide their certification number to the contractor and notify the contractor in writing with the date of the decertification if their status should change during the course of the project.

The form has five columns for the dollar value to be entered for the item work performed by the subcontractor.

The Non-DBE column is used to enter the dollar value of work performed for firms who are not certified DBE.

The decision of which column to be used for entering the DBE dollar value is based on what program(s) the firm is certified. This Program status is determined by the Civil Rights Certification Unit based on ethnicity, gender, ownership and control issues at time of certification. The certified firm is issued a certificate by the Civil Rights Unit that states their program status as well as the firms expiration date. DBE Program status may be obtained by accessing the civil rights website (<http://www.dot.ca.gov/hq/bep/>) and downloading the Calcet Extract or by calling (916) 227-2207. Based on this DBE Program status, the following table depicts which column to be used:

DBE Program Status	Column to be used
If program status shows DBE only with no other programs listed.	DBE
If program status shows DBE, SMBE	DBE Minority
If program status shows DBE, SMBE, SWBE	DBE (Minority Women)
If program status shows DBE, SWBE	DBE (Non-Minority Women)

If a contractor performing work as a DBE on the project becomes decertified and still performs work after their decertification date, enter the total value performed by this contractor on Form 2402(F) under the appropriate DBE Program Status (include all work performed after decertification) and complete and submit Form CEM-2403 (F) as appropriate. Any comments to be made on the Form CEM-2403(F) is being submitted.

If a contractor performing work as a Non-DBE on the project becomes certified as a DBE enter the dollar value of all work performed as a DBE on CEM-2402(F) and CEM-2403(F). Any comments to be made on the form 2402(F) are to be explained on the reverse side of the form. Indicate in the Comments section that Form CEM-2403(F) is being submitted.

There is a space provided on the CEM-2402(F) where TOTAL is entered for these five columns.

There is a column on the CEM-2402(F) to enter the Date Work Complete as well as a column to enter the Date of Final Payment, which is an indicator of when the prime contractor made the "final payment" to the subcontractor for the portion of work listed as being completed.

The Original Commitment area on the CEM_2402(F) is based in information at award time of the project and is the dollar value of those subcontractors listed as being at award based on the above table.

The CEM-2402(F) has an area at the bottom where the contractor and the resident engineer sign and date that the information provided is complete and correct.



STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

CEM-2402S (REV. 10/1999) CT# 7541-3502-2

List all Disabled Veterans Business Enterprises (DVBE's) regardless of tier, whether or not the firms were originally listed for goal credit. If actual DVBE utilization (or item of work) was different than that approved at time of award, provide comments. List actual amount paid to each DVBE, even if different than originally listed for goal credit.

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT

TO THE BEST OF MY INFORMATION AND BELIEF, THE ABOVE INFORMATION IS COMPLETE AND CORRECT

COPY DISTRIBUTION:

Golden Rod - Resident Engineer

Canary - Contractor

Green - Business Enterprise Program

Original - Construction Program

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FINAL REPORT - UTILIZATION OF DISABLED VETERAN BUSINESS ENTERPRISES (DVBE) STATE FUNDED PROJECTS

CEM-2402S (REV. 10/1999) CT# 7541-3502-2

The form requires specific information regarding the construction project: Contract Number, County, Route, Post Miles/ Post Kilometers, a box to check that the project is indeed a State-Funded Project, the Administering Agency (Caltrans), the Contract Completion Date and the Estimated Contract Amount. It requires the prime contractor name and business address. The focus of the form is to describe by contract item numbers, descriptions of the work performed, and specific dollar values of the actual item work completed by the certified DVBE contractor(s).

The form has a column to enter the Contract Item No. (or Item No's) and description of work performed or materials provided, as well as a column for the subcontractor name and business address. There is a column to enter the DVBE Certification Number. The DVBE should provide their certification number to the contractor.

The form has a column DVBE (State-Funded Projects Only) for the dollar value to be entered for the item(s) work performed by the DVBE subcontractor as well as a column to enter the Date Work Completed. In the column Date of Final Payment, this is where the prime contractor enters the date for the "final payment" to the subcontractor for work completed.

The box addressed as "TOTAL" is where the total dollar value of the column DVBE (State Funded Projects Only) is entered.

The Original Commitment area on the CEM-2402(S) is based in information at award time of the project and is the dollar value of the DVBE subcontractors listed at award.

There is a comments section for any additional information that may need to be provided regarding any of the above transactions.

The CEM-2402(S) has an area at the bottom where the contractor and the resident engineer sign and date that the information provided is complete and correct.



STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
DISADVANTAGED BUSINESS ENTERPRISES (DBE)
CERTIFICATION STATUS CHANGE
 CEM-2403(F) (NEW 10/1999)

CONTRACT NUMBER		COUNTY	ROUTE	<input type="checkbox"/> POST MILES	<input type="checkbox"/> POST KILOMETERS	ADMINISTERING AGENCY	CONTRACT COMPLETION DATE
PRIME CONTRACTOR						BUSINESS ADDRESS	ESTIMATED CONTRACT AMOUNT \$

The Contractor: List all DBE's with change in certification status (certified/decertified) while in your employ, whether or not firms were originally listed for goal credit. Attach DBE certification/decertification letter in accordance with the Special Provisions.

CONTRACT ITEM NO.	SUBCONTRACTOR NAME AND BUSINESS ADDRESS	BUSINESS PHONE	CERTIFICATION NUMBER	AMOUNT PAID WHILE CERTIFIED	CERTIFICATION/ DECERTIFICATION DATE Letter attached <input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
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					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

COMMENTS:

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT			
CONTRACTOR REPRESENTATIVE'S SIGNATURE	TITLE	BUSINESS PHONE NUMBER	DATE
TO THE BEST OF MY INFORMATION AND BELIEF, THE ABOVE INFORMATION IS COMPLETE AND CORRECT			
RESIDENT ENGINEER'S SIGNATURE		BUSINESS PHONE NUMBER	DATE

COPY DISTRIBUTION: **Original** - Construction Program **Green** - Business Enterprise Program **Canary** - Contractor **Pink** - District Construction **Golden Rod** - Resident Engineer
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**DISADVANTAGED BUSINESS ENTERPRISES (DBE)
CERTIFICATION STATUS CHANGE**

CEM-2403(F) (NEW 10/1999)

The top of the form requires specific information regarding the construction project: Contract Number, County, Route, Post Miles/Post Kilometers, the Administering Agency (Caltrans), the Contract Completion Date and the Estimated Contract Amount. It requires the prime contractor name and business address. The focus of the form is to substantiate and verify the actual DBE dollar amount paid to contractors on federally funded projects that had a change in certification status during the course of the completion of the contract. The two situations that are being address by CEM 2403(F) are if a firm certified as a DBE and doing construction work on the contract during the course of the project becomes decertified, and if a non-DBE firm doing work on the contract during the course of the project becomes certified as a DBE.

The form has a column to enter the Contract Item No. (or Item No's), as well as a column for the Subcontractor name and Business Address, Business Phone and contractor's Certification Number.

The column entitled Amount Paid While Certified will be used to enter the actual dollar value of the work performed by those contractors who meet the conditions as outlined above during the time period they are certified as a DBE. This column on the CEM-2403(F) should only reflect the dollar value of work performed while the firm was certified as a DBE.

The column called Certification/Decertification Date (Letter attached) will reflect either the date of the Decertification Letter sent out by the Civil Rights or the date of the Certification Certificate mailed out by the Civil Rights. There is a box to check that support documentation is attached to the CEM-2403(F) form.

There is a comments section for any additional information that may need to be provided regarding any of the above transactions.

The CEM-2403(F) has an area at the bottom where the contractor and the resident engineer sign and date that the information provided is complete and correct.

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
MONTHLY DBE TRUCKING VERIFICATION
 CEM-2404(F) (NEW 12/1999)

CONTRACT NO.		MONTH			YEAR	
Truck Owner	DBE Cert. No.	Company Name and Address	Truck No.	California Hwy. Patrol CA No.	Commission Or Amount Paid*	Date Paid
					\$	<input type="checkbox"/> Lease Agreement <input type="checkbox"/> Non-DBE <input type="checkbox"/> DBE
					\$	<input type="checkbox"/> Lease Agreement <input type="checkbox"/> Non-DBE <input type="checkbox"/> DBE
					\$	<input type="checkbox"/> Lease Agreement <input type="checkbox"/> Non-DBE <input type="checkbox"/> DBE
					\$	<input type="checkbox"/> Lease Agreement <input type="checkbox"/> Non-DBE <input type="checkbox"/> DBE
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					\$	<input type="checkbox"/> Lease Agreement <input type="checkbox"/> Non-DBE <input type="checkbox"/> DBE
TOTAL AMOUNT PAID					\$	
PRIME CONTRACTOR			BUSINESS ADDRESS		BUSINESS PHONE NUMBER	

* Upon request all Lease Agreements shall be made available, in accordance with the Special Provisions.

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT

CONTRACTOR REPRESENTATIVE'S SIGNATURE		DATE
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CEM-2404F (NEW 12/1999)

COPY DISTRIBUTION: ORIGINAL - RESIDENT ENGINEER

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MONTHLY DBE TRUCKING VERIFICATION

CEM-2404(F) (NEW 12/1999)

The top of Form CEM-2404(F) contains boxes to put in the Contract Number, the Month of the reporting period and the Year of the reporting period.

The Form CEM-2404(F) has a column to enter the name of the Truck Owner, the DBE Cert. No. (if DBE certified) and the Name and Address of the trucking company. The Form CEM-2404(F) also requires the Truck No. and the California Highway Patrol CA No.

Form CEM-2404(F) is to be submitted prior to the 15th of each month and must show the dollar amount paid to the DBE trucking company(s) for truck work performed by DBE certified trucks and for any fees or commissions of nonDBE trucks utilized each month on the project. The amount paid to each trucking company is to be entered in the column called "Commission or Amount Paid", in accordance with the Special Provisions Section 5-1.X.

Payment information is derived using the following:

- 1.) 100% for the trucking services provided by the DBE using trucks it owns, operates and insures.
- 2.) 100% for the trucking services provided by trucks leased from other DBE firms.
- 3.) The fee or commission paid on non-DBEs for the lease of trucks. The prime does not receive 100% credit for these services because they are not provided by a DBE company.

The total dollar figure of this column is to be placed in the box labeled "Total Amount Paid".

The column "Date Paid" requires a date that each trucking company is paid for services rendered. The next column contains information that must be completed if a lease arrangement is applicable. Located at the bottom of Form is a space to put the name of the "Prime Contractor", their "Business Address" and their "Business Phone No."

At the bottom of Form there is a space for the Contractor or designee "Contractor Representative's Signature, Title and Date" certifying that the information provided on the form is complete and correct.



FRINGE BENEFIT STATEMENT

CEM-2501 (REV. 8/1994)

CONTRACTOR/SUBCONTRACTOR (Please Print)	CONTRACT NUMBER	FEDERAL AID PROJECT NUMBER	DATE
TO: RESIDENT ENGINEER/DISTRICT LABOR COMPLIANCE OFFICER		BUSINESS ADDRESS	

The following information (as shown or referenced on wage rate determinations) paid to or on behalf of employees in various crafts or classifications is used to check payrolls or applied to force account work on the above contract.

THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE FIRST CERTIFIED PAYROLL, OR WHEN THERE HAVE BEEN ANY CHANGES.

CLASSIFICATION	FRINGE BENEFIT HOURLY AMOUNT	NAME AND ADDRESS OF PLAN, FUND, OR PROGRAM
Effective Date _____ _____	Vacation \$ _____ Health & Welfare \$ _____ Pension \$ _____	_____ _____ _____
Subsistence and/or Travel Pay: \$ _____	Apprentice /Training \$ _____ Other \$ _____	_____ _____
Effective Date _____ _____	Vacation \$ _____ Health & Welfare \$ _____ Pension \$ _____	_____ _____ _____
Subsistence and/or Travel Pay: \$ _____	Apprentice /Training \$ _____ Other \$ _____	_____ _____
Effective Date _____ _____	Vacation \$ _____ Health & Welfare \$ _____ Pension \$ _____	_____ _____ _____
Subsistence and/or Travel Pay: \$ _____	Apprentice /Training \$ _____ Other \$ _____	_____ _____

I certify under penalty of perjury that fringe benefits are paid to the approved Plans, Funds, or Programs as listed above.

NAME AND TITLE (Please Print)	
SIGNATURE	BUSINESS TELEPHONE NUMBER

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CONTRACTOR/SUBCONTRACTOR

BUSINESS ADDRESS

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principle purpose of the voluntary information is so the department can fulfill the need of the form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your PA Officer.

PAYROLL NO. FOR WEEK ENDING		PROJECT AND LOCATION		CONTRACT NUMBER		FEDERAL AID NUMBER											
EMPLOYEE NAME, ADDRESS AND SOCIAL SECURITY NUMBER		NUMBER OF HOURS HOLDING EXEMPTIONS	WORK CLASSIFICATION	OT OR ST	DAY AND DATE			GROSS AMOUNT EARNED		DEDUCTIONS (BASED ON GROSS AMOUNT EARNED - ALL PROJECTS)				NET WAGES PAID FOR	CK. NO.		
					HOURS WORKED EACH DAY			THIS PROJECT	ALL PROJECTS	FICA (SOCIAL SECURITY)	STATE TAX	VAC	OTHER	TOTAL DEDUCT- TIONS			
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CEM-2502 (REV 4/2001)



STATEMENT OF COMPLIANCE

CEM-2503 (REV 8/96)

CONTRACTOR/SUBCONTRACTOR	CONTRACT NUMBER
FIRST DAY AND DATE OF PAY PERIOD	LAST DAY AND DATE OF PAY PERIOD

I do hereby certify under penalty of perjury:

- (1) That I pay or supervise payment to employees of the above-referenced contractor on the above-referenced contract. All persons employed on said project for the above-referenced time period have been paid their full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said contractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person other than permissible deductions.
- (2) That any payrolls otherwise under this control required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates:
 - (a) ☐ Specified in the applicable wage determination incorporated into the contract;
 - (b) ☐ Determined by the Director of Industrial Relations for the county or counties in which the work is performed; that the classification set forth therein for each laborer or mechanic conform with the work he or she performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency.
- (4) That fringe benefits as listed in the contract:
 - (a) ☐ Have been or will be paid to the approved plan(s), fund(s), or program(s) for the benefit of listed employee(s), except as noted below.
 - (b) ☐ Have been paid directly to the listed employee(s), except as noted below.
 - (c) ☐ See exceptions noted below.

EXCEPTION CRAFT	EXPLANATION

REMARKS:

NAME (PLEASE PRINT.)	TITLE
SIGNATURE	DATE

On federally-funded projects, permissible deductions are defined in Regulation, Part 3 (29 CFR, Subtitle A), issued by the Secretary of Labor under the Copland Act, as amended (48 Stat. 948 63 Stat. 108,72 State. 967;76 Stat 357:40 U. S. C. 276c).

Also, the willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution (See Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code).

ADA Notice

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CEM2503



This statement of compliance meets needs of the state and federal payroll requirements to pay fringe benefits in addition to payment of the minimum rates. The contractor's obligation to pay fringe benefits may be met by payment of the fringes to the various preapproved plans, funds, or programs or by making these payments directly to the employees as part of their weekly wage payments.

The contractor must **show on the face of his or her payroll all monies paid to the employees** whether as basic rates or total hourly wage amount in lieu of fringes. The contractor shall report in the statement of compliance that **he or she is paying to others** fringes required by the contract and not paid directly to the employees in lieu of fringes.

Detailed instructions follow:

Contractors required to pay Federal Wage Rates:

Such a contractor shall check paragraph 2(a) of the statement to indicate that the wage rates for laborers or mechanics contained in the payroll are not less than the applicable wage rates specified in the applicable wage determination incorporated into the contract.

Contractors required to pay the State Prevailing Wage Rates as determined by the Director of Industrial Relations:

Such a contractor shall check paragraph 2(b) of the statement to indicate that the wage rates for laborers or mechanics contained in the payroll are not less than the applicable wage rates determined by the Director of Industrial Relations for the county or counties in which the work is preformed.

Contractor who pay all required fringe benefits:

A contractor who pays fringe benefits to approved plans, funds, or programs in amounts not less than were determined in the applicable wage decisions shall continue to show on the face of his or her payroll the basic hourly rate and overtime rate paid to his or her employees, just as he or she has always done. Such a contractor shall check paragraph 4(a) of the statement to indicate that he or she is also paying approved plans, funds, or programs within the times required for the receipt of those sums, not less than the amount predetermined as fringe benefits for each craft. Any exception shall be noted in Section 4(c).

Contractors who pay no fringe benefits:

A contractor who does not pay fringe benefits to an approved plan shall pay a like amount to the employee. This payment can be reported by inserting in the straight time hourly rate column of his or her payroll an amount not less than the predetermined rate for each classification plus the amount of fringe benefits determined for each classification in the applicable wage decision. Inasmuch as it is not necessary to pay time and a half on wages paid in lieu of fringes, the overtime rate shall be not less than one and one-half the basic predetermined rate, plus the required cash in lieu of fringes at the straight time rate. To simplify computation of overtime, it is suggested that the straight time basic rate and payment in lieu of fringes be separately stated in the hourly rate column, thus \$14.56/5.11. In addition, the contractor shall check paragraph 4(b) of the statement to indicate that he or she is paying fringe benefits directly to his or her employees. Any exceptions shall be noted in Section 4(c).

Use of Section 4(c), Exceptions:

Any contractor who is making payment to approved plans, funds, or programs in amounts less than the wage determination required is obligated to pay the deficiency directly to the employees as wages in lieu of fringes. Any exceptions to Section 4(a) and 4(b), whichever the contractor may check, shall be entered in Section 4(c). Enter in the Exception column the craft, and enter in the Explanation column the hourly amount paid the employees as wages in lieu of fringes, and the hourly amount paid to plans, funds, or programs as fringes.



EMPLOYEE INTERVIEW: LABOR COMPLIANCE / EEO

CEM2504 (REV 6/1999) (Front) CT #7541-3512-3

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CONFIDENTIAL

This document contains personal information and pursuant to Civil Code 1798.21 it shall be kept confidential in order to protect against unauthorized disclosure.

CONTRACT NO.

FED. NO.

INSTRUCTIONS - (SEE REVERSE SIDE)

1. TO BE FILLED IN BY INTERVIEWER (Data may be obtained from payroll records or during source document review)

EMPLOYEE NAME		LABOR CLASSIFICATION
MINIMUM BASE WAGE PER CONTRACT:	BASE RATE	FRINGE BENEFITS
MINIMUM BASE WAGE PER PAYROLL (If available):	BASE RATE	FRINGE BENEFITS
EMPLOYER		PRIME CONTRACTOR ON THE PROJECT (IF SAME, SO STATE)
WORK BEING PERFORMED AT TIME OF INTERVIEW		

2. QUESTIONS TO BE ASKED OF EMPLOYEE

A. HOW LONG HAVE YOU WORKED FOR YOUR PRESENT EMPLOYER?		HOW LONG ON THIS PROJECT?
B. DESCRIBE THE TYPE OF WORK YOU HAVE BEEN DOING THIS PAST WEEK		
C. WHAT IS YOUR WAGE [Include Base Rate and Fringe Benefits (Compare to Payroll)]		DO YOU KEEP A RECORD OF THE HOURS YOU <input type="checkbox"/> YES <input type="checkbox"/> NO
D. DO YOU WORK OVERTIME? <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> SELDOM <input type="checkbox"/> NONE	ARE YOU PAID TIME AND ONE-HALF FOR OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, EXPLAIN
E. HAS YOUR EMPLOYER DIRECTED YOUR ATTENTION TO THE REQUIRED WAGE RATE POSTERS ON THE PROJECT? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU SEEN THOSE POSTERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, EXPLAIN
F. ARE YOU AWARE OF THE CONTRACTOR'S EEO POLICIES? <input type="checkbox"/> YES <input type="checkbox"/> NO	DOES THE CONTRACTOR HOLD REGULAR EEO MEETINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW OFTEN?
WHO CONDUCTS THE MEETINGS?	WHO IS THE EEO OFFICER FOR YOUR EMPLOYER?	WHO IS THE EEO OFFICER FOR THE PROJECT?
G. ARE YOU INTERESTED IN / OR HAS YOUR EMPLOYER INFORMED YOU OF UPGRADING AND TRAINING POSSIBILITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE EXPLAIN

3. ADDITIONAL QUESTIONS FOR OWNER OPERATORS

A. EQUIPMENT DESCRIPTION		TRUCK LICENCE NO.	TRUCK (CAL-T) NO.
HOURLY RATE (Fully operated and maintained) \$	BASE EQUIPMENT RATE \$	ON WHAT DO YOU BASE YOUR EQUIPMENT RENTAL RATE? <input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY	
B. DO YOU OWN THE EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAY I SEE YOUR CERTIFICATE OF OWNERSHIP? (Interviewer Note Response) <input type="checkbox"/> YES <input type="checkbox"/> NO	
LEGAL OWNER		REGISTERED OWNER	
4. EMPLOYEE COMMENTS		5. INTERVIEWER'S COMMENTS	
DO YOU HAVE ANY COMMENTS OR COMPLAINTS ABOUT WAGES OR EEO POLICIES? BE SPECIFIC:			
INTERVIEWER'S SIGNATURE		DATE	RESIDENT ENGINEER'S SIGNATURE
			DATE

EMPLOYEE INTERVIEW: LABOR COMPLIANCE / EEO

CEM 2504 (REV 6/1999) (Back) CT #7541-3512-3

DIRECTIONS TO INTERVIEWER

- 1. Fill in Section 1 from payroll records, if available, after interview.***
- 2. Fill in Section 2 completely. (does not apply to owner operators)***
- 3. Fill in Section 3 completely.***
- 4. Employee comments optional in Section 4.***
- 5. Interviewer comments on findings and recommends further actions to be taken. Attach additional sheets if necessary.***

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
OWNER-OPERATOR LISTING
 CEM-2505 (REV 05/2001)

NAME OF CONTRACTOR EMPLOYING OWNER OPERATOR(S)		ADDRESS		PROJECT AND LOCATION		CONTRACT NO			
PAYROLL NO	FOR WEEK ENDING	DESCRIPTION OF EQUIPMENT	TRUCK CAL T NO. AND/OR EQUIP. LICENSE NO.	OT OR ST	DAY AND DATE	TOTAL WEEKLY HOURS	HOURLY RATE OF PAY	GROSS PAYMENT EARNED	CHECK NO.
				O					
				S					
				O					
				S					
				O					
				S					
				O					
				S					
				O					
				S					
				O					
				S					
				O					
				S					
				O					
				S					
				O					
				S					

NOTE: CERTIFICATION WILL BE ACCEPTED ONLY FROM THE CONTRACTOR EMPLOYING THE OWNER OPERATOR:
 IT WILL NOT BE ACCEPTED FROM THE OWNER OPERATOR HIM / HERSELF.



OWNER-OPERATOR LISTING STATEMENT OF COMPLIANCE

CEM-2505 (REV 05/2001)

Date _____

(Name of signatory party) _____
(Title) do hereby state:

(1) That I pay or supervise the payment of the persons reported on this form as Owner-operators by _____
(Contractor or subcontractor)
 on the _____,
(Building or work) that during the payroll period commencing on the _____ day of _____
 and ending _____ day of _____, all persons working on said project have been paid the
 full weekly sums earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

(Contractor or subcontractor) from the full weekly sums earned by any person and that no deductions
 have been made either directly or indirectly from the full sums earned by any person, other than permissible deductions, as
 described below:

(2) That any payrolls or listings or otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- ☐ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll or listings payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- ☐ Each Laborer or mechanic listed in the above referenced payroll or listings has been paid as indicated on the payroll or listings an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below:

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

Remarks:

NAME AND TITLE	SIGNATURE

On federally-funded projects, permissible deductions are defined in regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c).

Also, the willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution (see Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code).

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CONTRACTOR INVOLVED

[illegible]

COMMENTS	CALCULATED BY	RESTITUTION				CHECK #
		DATE	AMOUNT	BAL. DUE		



LABOR VIOLATION: CASE SUMMARY

CEM-2507 (REV. 11/88)

(TO BE USED WITH FORM CEM-2506)

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CONTRACTOR INFORMATION		CONTRACTOR INFORMATION	
CONTRACTOR INVOLVED		CONTRACT NUMBER	FEDERAL NUMBER(S)
ADDRESS		CONTRACT ADVERTISEMENT DATE	AWARD DATE
PRIME CONTRACTOR <input type="checkbox"/> SAME		COMPLETION OR ESTIMATED COMPLETION DATE	ACCEPTANCE DATE
ADDRESS		COUNTY WHERE WORK WAS PERFORMED	RESIDENT ENGINEER

WAGES AND PENALTIES

TOTAL WAGES UNDERPAID (STRAIGHT TIME)	\$	TOTAL STATE PENALTIES (STRAIGHT TIME)	x\$25	\$
TOTAL UNDERPAYMENTS OF TRAVEL and/or SUBSISTENCE	\$	TOTAL STATE PENALTIES (FAILURE TO SUBMIT PAYROLL RECORDS, PER L.C. 1776(F))		\$
TOTAL WAGES UNDERPAID (OVERTIME)	\$	NO. OF EMPLOYEES x DAYS x\$25.00/DAY		
TOTAL RESTITUTION TO DATE	\$	TOTAL STATE PENALTIES (OVERTIME)	x\$25	\$
TOTAL WAGES STILL DUE (STRAIGHT TIME, TRAVEL/SUBSISTENCE & OVERTIME)	\$	TOTAL FEDERAL PENALTIES (OVERTIME)	x\$10	\$
NUMBER OF UNDERPAID WORKERS		CASE TOTAL		\$
WAGE RESTITUTION VERIFIED BY: (NAME OF PERSON)		DISTRICT DEDUCTION FOR THIS CASE		\$
HOW VERIFIED:		APPLICABLE STATE GENERAL PREVAILING WAGE RATE BOOK	MONTH	YEAR
<input type="checkbox"/> CANCELLED CHECKS <input type="checkbox"/> INTERVIEW(S)		FEDERAL WAGE DETERMINATION NUMBER(S)	MONTH	DAY YEAR
OR				

INVESTIGATION BACKGROUND

(FOR THIS SECTION, USE ADDITIONAL SHEET IF NECESSARY - SHOW ITEM NUMBER)

1. BRIEF, CONCISE STATEMENT OF THE NATURE OF THE CIRCUMSTANCES PROMPTING THE INVESTIGATION

2. BRIEF DESCRIPTION OF THE NATURE AND EXTENT OF THE INVESTIGATION

3. BRIEF, CONCISE STATEMENT OF THE FACTS RELATING TO THE DISCREPANCIES

CHRONOLOGY

DATE	DISTRICT ACTION	DATE	HEADQUARTERS ACTION
	Case began (problem discovered)		Concurrence Letter
	Letter of contractor requesting review		Request to Director for authority to withhold
	confirmation of review - letter/telephone		Letter to prime regarding withhold and rights of appeal
	Case to Headquarters		
DISTRICT INVESTIGATOR		DISTRICT LABOR COMPLIANCE OFFICER - SIGNATURE	
		DATE	

LABOR VIOLATION: CASE SUMMARY

CEM-2507 (REV. 11/88)

(TO BE USED WITH FORM CEM-2506)

CONTRACTOR'S PAYROLL SOURCE DOCUMENT REVIEW

CEM-2508 (REV. 10/1998)

CONTRACTOR REVIEWED

CONTRACT NUMBER

FEDERAL NUMBER

DATE REVIEWED

CONTRACTOR'S ADDRESS

LOCATION OF DOCUMENTS (IF DIFFERENT FROM CONTRACTOR'S ADDRESS)

NAME/TELEPHONE NUMBER OF CONTACT AT LOCATION OF DOCUMENTS

PRIME CONTRACTOR

☐ SAME

ADDRESS:

REASON FOR REVIEW:

DEFICIENCIES

☐ NO☐ YES (BRIEFLY IDENTIFY BELOW)

DISTRICT ACTION, RECOMMENDATION & CONCLUSIONS

☐ DEFICIENCIES CORRECTED☐ CASE PREPARED

DISTRICT REVIEWER

DATE

SIGNATURE OF DISTRICT LC OFFICER

DATE

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STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
CHECKLIST - SOURCE DOCUMENT REVIEW
 CEM-2509 (Rev. 11/1998) (USE WITH FORM CEM-2508)

CONTRACTOR REVIEWED	CONTRACT NUMBER
COMPLETION DATE	R.E.

N/A = NOT APPLICABLE						S/R = SEE REMARKS				PR = PAYROLLS			
ITEM	ITEM	YES	NO	N/A	S/R	ITEM	ITEM	YES	NO	N/A	S/R		
A	GENERAL					E	MISCELLANEOUS						
A1	Prime notified					E1	Business license: Co./City # Yr.						
A2	Sub notified					E2	Subcontract contain Section 6						
A3	Sub approved					E3	Home office bulletin board in order						
A4						E4							
B	PAYROLLS					E5							
B1	Same as submitted					F	INVESTIGATION						
B2	Time Cards/PR agree					F1	Number of payrolls reviewed: All Random						
B3	Canceled Checks/PR agree					F2	Number of wage underpayments						
B4	Wages pd at/above contract min.					F3	Number of workers underpaid:						
B5	Nonworking supv. shown on PR					F4							
B6	Fed/State tax held from employee wages					G	CONCLUSIONS						
B7	Employee interview on file (No.)					G1	Payrolls okay						
B8	Employee interview reflect problem					G2	Discepancies intentional						
B9						G3							
C	PROPRIETORSHIP					G4							
C1	Sole proprietor					H	DISTRICT RECOMMENDATIONS						
C2	Partnership					H1	Assess State penalties						
C3	Partnership papers available					H2	Assess Federal penalties						
C4	Partnership profit papers available					H3	Contractor aware of findings						
C5	Corporation					H4	Case to Hqs						
C6	Are corp. officers laborers/mechanics					H5							
C7	If so, recieving proper wages					H6							
C8						ENTER ITEM #	REMARKS						
D	BENEFITS												
D1	Fringes paid cash												
D2	Fringes paid to a trust fund												
D3	Trust fund approved												
D4	Trust statements available												
D5	Statement hrs per employee per month equal or exceed total PR hours												
D6	Canceled checks agree with payments												
D7	Canceled checks agree with statements												
D8													
D9													
DISTRICT REVIEWER		DATE				DISTRICT LC OFFICER		DATE					

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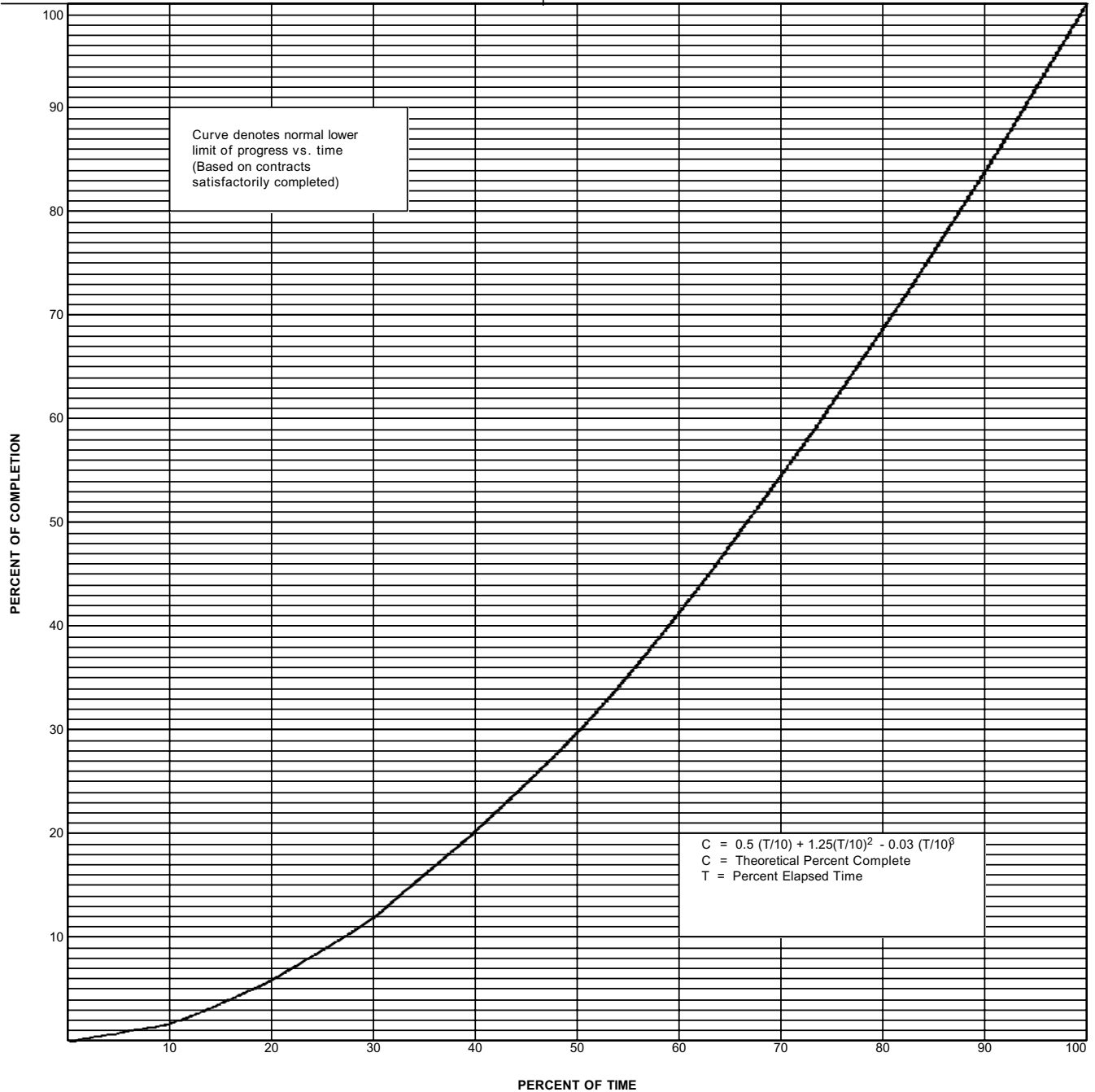
CONTRACTOR REVIEWED	CONTRACT NUMBER
COMPLETION DATE	R.E.



CONSTRUCTION PROGRESS CHART

CEM-2601 (REV. 6/1983)

CONTRACT NUMBER		ROAD	BID
LIMITS			
DESCRIPTION			WORKING DAYS
RESIDENT ENGINEER		CONTRACTOR	





WEEKLY STATEMENT OF WORKING DAYS

(JOB STAMP)

CEM-2701 (REV 02/2001) CT # 7541-3528

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REPORT NUMBER

CONTRACTOR

WEEK ENDING (month, day, year)

Date	Day	Weather, Weather Conditions or Other Conditions ¹	Working Day	Nonworking Day	Working Day No Work Done on Controlling Operation ²
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				

Days this week

Days previously reported

Total days to date

Time Extensions ³	CCO Numbers ⁴	Days Approved	
		CCO	Other
Days this report			
Days previously reported			
Total days to date			

Computation of Extended Date for Completion	Number of Days	Numbered Day ⁵	Date
1. First working day			
2. Working days specified in contract			
3. COMPUTED DATE FOR COMPLETION (line 1 + line 2 - 1)			
4. Days contract suspended to date			
5. Total time extension days approved to date (CCO plus other)			
6. Total Nonworking days to date			
7. Subtotal (line 4 + line 5 + line 6)			
8. EXTENDED DATE FOR COMPLETION (line 3 + line 7)			
9. Revised working days for contract (line 2 + line 5)			
10. Total working days to date			
11. WORKING DAYS REMAINING (line 9 - line 10)			

CONTROLLING OPERATION(S)

REMARKS

The contractor will be allowed fifteen (15) days in which to protest in writing the correctness of the statement; otherwise, the statement shall be deemed to have been accepted by the contractor as correct.

NOTE: Footnote Instructions to resident engineer are on reverse side.

RESIDENT ENGINEER SIGNATURE

DATE

Distribution: Original -- Contractor; Copies -- District, resident engineer

FOOTNOTE INSTRUCTIONS TO RESIDENT ENGINEER

1. When recording nonworking days due to weather, **state the reason why the day is unworkable** when the weather description itself does not adequately describe conditions. For example, "clear-wet grade" to describe conditions when the weather is clear, but the grade is too wet to work. **Do not** list days merely as "Unworkable."
2. Enter days on which no productive work has been performed on the controlling operation(s) for reasons other than weather.
3. **Time Extensions, Other**, are to be explained under **Remarks** and the following information is to be included:
 - a. *Cause of delay and specification reference under which approval was granted.*
 - b. *Statement as to what controlling operation or operations are being delayed and to what extent.*
 - c. *Dates for which the extension was granted.*
 - d. *Reference to supporting data.*
4. List numbers of contract change orders providing for time extensions.
5. Do not include nonworking days which occur after expiration of the **Extended Date of Completion**. On contracts that are overtime, the total under Working Days shall not be greater than the total of **Revised Working Days (line 9)**. After approved total of working days has been reached, continue recording working and nonworking days but do not add into the totals. Make statement under **Remarks** that working and nonworking **days** are shown for record only since the contract time has elapsed.

If an extension of time is subsequently approved, determine the new **Extended Date** by taking into account all nonworking **days** that are reachable.
6. From calendar issued by the Division of Construction with working days numbered for convenience in computations.

OVERRUN IN CONTRACT TIME

CEM-2702 (REV 04/2001)

CONTRACT NO.	COUNTY, ROUTE, BRIDGE OR POST KILOMETERS	FEDERAL NO.
--------------	--	-------------

CONTRACTOR'S NAME

DATE WORK COMPLETED

DATE FOR COMPLETION (Including extensions authorized by the engineer)

CALENDAR DAYS OVERRUN	WORKING DAYS OVERRUN
-----------------------	----------------------

The recommendation for acceptance of this contract was approved by the director subject to determination that if there was an overrun in contract time, a decision relative to assessing the contractor for liquidated damages or extending the contract time and charging the contractor for engineering and inspection costs would be deferred pending further study. The attached information (in the form of a memorandum or determination of claim) contains the result of the study.

RECOMMENDED ACTION CONCERNING TIME EXTENSION, LIQUIDATED DAMAGES AND ENGINEERING AND INSPECTION COSTS (Per Section 8-1.07, *Standard Specifications*):

- ☐ The determination of claim for elimination of liquidated damages is that all of the time involved **was within the control of the contractor**. It is that **no extension of time be granted** and that the contractor be assessed liquidated damages of \$ _____ per calendar day for the period from _____ to _____, both dates inclusive, for a total of _____ days and \$ _____.
- ☐ A delay of _____ working days was caused by circumstances over which **the contractor had no control**. It is recommended that **a time extension of _____ working days be granted**. Such action will extend the date for completion to _____, reducing the overrun to _____ calendar days. It is further recommended:
- ☐ That during the period of such extension **the contractor shall be charged** engineering and inspection charges in the amount of \$ _____.
- ☐ That during the period of such extension **the contractor not be charged** engineering and inspection costs.
- ☐ That for the remaining overrun of _____ calendar days, from _____ to _____ both dates inclusive, **the contractor shall be assessed** liquidated damages of \$ _____ per calendar day for a total amount of \$ _____.
- ☐ **The contractor has agreed to accept this decision** as to assessment of liquidated damages, and charges for engineering and inspection costs as full settlement of any claim for return of liquidated damages.

RECOMMENDED BY	APPROVED AS RECOMMENDED
	Director of Transportation
BY (Coordinator, Division of Construction)	BY (Chief, Division of Construction)
Date	Date

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DATE:

INSTRUCTIONS TO CONTRACTOR

Section 6 of the Standard Specification states that, "Promptly after the approval of the Contract, the Contractor shall notify the Engineer of the proposed sources of supply of all materials to be furnished by him, using a form which will be supplied by the Engineer upon request."

In order to avoid delay in approval of materials, the Department of Transportation must receive notice as soon as possible.

Please comply with the following as closely as possible:

The Contract number and job limits should be the same as appears on the Special Provisions.

The column headed "Contract Item No." should show all the item numbers for which the material is to be used.

The column headed "Material Type" should be a description of the material and not necessarily the name of the contract item.

The column headed "Name and Address of Inspection Site" should be that of the actual source of supply and not subcontractor or jobber.

If the sources of all materials are not known at the beginning of a Contract, report those known. Supplemental "Notice of Materials to Be Used" should be submitted for the others as soon as possible thereafter. Do not delay submitting the original notice until all information is known.

All changes in kinds and/or sources of materials to be used should be reported on supplemental "Notices of Materials to Be Used" immediately.

Retain your copy and mail all other copies to the Resident Engineer.

Note: When placing orders for materials that required inspection prior to shipment, be sure to indicate on your order that State inspection is required.

PROJECT IDENTIFICATION					
PROJECT EA	ROUTE	POST KILOMETERS		COMPLETION DATE (Contract)	
COMPLETION DATE (Expected)	DATE PROBLEM DETECTED	CURRENT DATE	JOB SUSPENDED <input type="checkbox"/> YES <input type="checkbox"/> NO	AC (Tonnes Produced To Date)	AC (Tonnes Remaining)
PROBLEM STATEMENT					

MIX PROPERTIES					
TYPE MIX	TYPE GRADING	MAX GRADING (mm)	ADDITIVES	AGGREGATE TYPE	ASPHALT GRADE
<input type="checkbox"/> A	<input type="checkbox"/> DENSE	<input type="checkbox"/> 38	<input type="checkbox"/> LIME	<input type="checkbox"/> A or	<input type="checkbox"/> AR-1000 <input type="checkbox"/> PBA-1
<input type="checkbox"/> B	<input type="checkbox"/> GAP	<input type="checkbox"/> 19	<input type="checkbox"/> LIQUID ANTI-STRIP	<input type="checkbox"/> B	<input type="checkbox"/> AR-2000 <input type="checkbox"/> PBA-1a
<input type="checkbox"/> RECYCLED	<input type="checkbox"/> OPEN GRADED	<input type="checkbox"/> 12.5	<input type="checkbox"/> CEMENT	<input type="checkbox"/> ABSORPTIVE or	<input type="checkbox"/> AR-4000 <input type="checkbox"/> PBA-2
	<input type="checkbox"/> COARSE	<input type="checkbox"/> 9.5	<input type="checkbox"/> OTHER	<input type="checkbox"/> NON-ABSORPTIVE	<input type="checkbox"/> AR-8000 <input type="checkbox"/> PBA-3
	<input type="checkbox"/> MEDIUM				<input type="checkbox"/> AR-16000 <input type="checkbox"/> PBA-4
				<input type="checkbox"/> OTHER	<input type="checkbox"/> PBA-5
					<input type="checkbox"/> PBA-6a
					<input type="checkbox"/> PBA-6b
					<input type="checkbox"/> PBA-7
APPEARANCE		PLANT TYPE		BACKGROUND DATA - Attach Test Method 109 verification, mix design, plant and street test results ACTUAL ASPHALT CONTENT - Attach test results (including target asphalt content, source and date; note lift and location) ACTUAL STABILITY OF STREET SAMPLES - Attach test results (note lift and location) TEST MAXIMUM DENSITY - Attach test results (note lift and location) MIX SUPPLIER AND LOCATION(S) -	
<input type="checkbox"/> OK	<input type="checkbox"/> BATCH or				
<input type="checkbox"/> SEGREGATED	<input type="checkbox"/> CONTINUOUS				
<input type="checkbox"/> RICH	<input type="checkbox"/> PORTABLE or				
<input type="checkbox"/> DRY	<input type="checkbox"/> STATIONARY				
<input type="checkbox"/> TENDER					
<input type="checkbox"/> COLOR					
<input type="checkbox"/> OTHER					

FIELD CONDITIONS (at paving operation)				
GENERAL	WEATHER	AIR TEMPERATURE (°C)	SURFACE TEMPERATURE (°C)	MIX TEMP AT PLANT (°C)
<input type="checkbox"/> COASTAL	<input type="checkbox"/> CLEAR	<input type="checkbox"/> UNDER 4	<input type="checkbox"/> UNDER 4	<input type="checkbox"/> UNDER 121
<input type="checkbox"/> VALLEY	<input type="checkbox"/> CLOUDY	<input type="checkbox"/> 4-9	<input type="checkbox"/> 4-15	<input type="checkbox"/> 121-134
<input type="checkbox"/> MOUNTAIN	<input type="checkbox"/> FOGGY	<input type="checkbox"/> 10-15	<input type="checkbox"/> 16-26	<input type="checkbox"/> 135-162
<input type="checkbox"/> DESERT	<input type="checkbox"/> RAINY or WORSE	<input type="checkbox"/> 16-20	<input type="checkbox"/> 27-37	<input type="checkbox"/> 163-190
	<input type="checkbox"/> HUMID or	<input type="checkbox"/> 21-25	<input type="checkbox"/> 38-48	<input type="checkbox"/> 191-204
	<input type="checkbox"/> DRY	<input type="checkbox"/> 26-32	<input type="checkbox"/> 49-60	<input type="checkbox"/> GREATER THAN 204
	<input type="checkbox"/> WINDY or	<input type="checkbox"/> 33-38	<input type="checkbox"/> GREATER THAN 60	
	<input type="checkbox"/> CALM	<input type="checkbox"/> GREATER THAN 38		
MIX TEMP AT WINDOW (°C)	MIX TEMP AT BREAKDOWN ROLLER (°C)	DISTANCE, PAVES TO BREAKDOWN ROLLER (METER)	WINDOW LENGTH (Meter)	AVERAGE ONE WAY HAUL TIME (hours)
<input type="checkbox"/> UNDER 65	<input type="checkbox"/> UNDER 65	<input type="checkbox"/> UNDER 15	<input type="checkbox"/> 0	<input type="checkbox"/> UNDER 1/2
<input type="checkbox"/> 65-89	<input type="checkbox"/> 65-89	<input type="checkbox"/> 15-75	<input type="checkbox"/> 0-30	<input type="checkbox"/> 1/2-1
<input type="checkbox"/> 90-125	<input type="checkbox"/> 90-125	<input type="checkbox"/> 76-150	<input type="checkbox"/> 31-61	<input type="checkbox"/> 1-2
<input type="checkbox"/> GREATER THAN 125	<input type="checkbox"/> 126-150	<input type="checkbox"/> 151-229	<input type="checkbox"/> 62-91	<input type="checkbox"/> 2-3
	<input type="checkbox"/> GREATER THAN 150	<input type="checkbox"/> 230-300	<input type="checkbox"/> 92-122	<input type="checkbox"/> GREATER THAN 3
		<input type="checkbox"/> GREATER THAN 300	<input type="checkbox"/> 123-152	
			<input type="checkbox"/> GREATER THAN 152	

CEM3501

AC PRODUCTION/PLACEMENT CHECKLIST

CEM-3501 (REV. 11/2000)

Page 2 of 2
Back

STRUCTURAL PROPERTIES

PAINT BINDER (tack coat)	TACK SPREAD RATE (liters per metered square)	MIX THICKNESS (Compacted)	UNDERLYING CONDITIONS	
<input type="checkbox"/> ASPHALT	<input type="checkbox"/> 0.45	FIRST LIFT	<input type="checkbox"/> AC	<input type="checkbox"/> OK
<input type="checkbox"/> EMULSION	<input type="checkbox"/> 0.68	SECOND LIFT	<input type="checkbox"/> PCC	<input type="checkbox"/> GRINDER PREPARED
<input type="checkbox"/> OTHER	<input type="checkbox"/> 0.95	THIRD LIFT	<input type="checkbox"/> ATPB	<input type="checkbox"/> CRACK & SEAT
	<input type="checkbox"/> 1.13		<input type="checkbox"/> AB	<input type="checkbox"/> PRE LEVELED
	<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER	<input type="checkbox"/> CRACKED
				<input type="checkbox"/> FABRIC
				<input type="checkbox"/> OTHER

PAVER

MAKE

MODEL

PAVER OPTIONS

- ☐ PICKUP MACHINES
☐ SCREED EXT. (length)
☐ SKI (length)
☐ JOINT MATCHER
☐ GRADE WIRE
☐ OTHER

MECHANICAL PROPERTIES

<input type="checkbox"/> METHOD SPECIFICATION	or	NUCLEAR DENSITY GAGE	
<input type="checkbox"/> END RESULT COMPACTION SPECIAL PROVISION		MAKE	CALIBRATION (date)
		MODEL	AVERAGE RELATIVE COMPACTION

BREAKDOWN ROLLER(S)	INTERMEDIATE ROLLER(S)	FINISH ROLLER(S)
TYPE	TYPE	TYPE
WEIGHT	WEIGHT	WEIGHT

IF VIBRATORY ROLLERS ARE USED:	ON CALTRANS APPROVED LIST	<input type="checkbox"/> YES	<input type="checkbox"/> NO
MAKE	SPEED	FREQUENCY	AMPLITUDE
MODEL	ACTUAL	ACTUAL	ACTUAL
	SPECIFIED	SPECIFIED	SPECIFIED

* A completed copy of this form should be filed in Category 35 of the Project Documents. A description of the form is included in the *Construction Manual*.

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STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

TEST RESULT SUMMARY

CEM-3701 (New 11/92)

MINIMUM FREQUENCY

JOB STAMP

INDEX
37.
MATERIAL

[illegible]

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ite Records and Forms Management, 1120 CEM3701

[illegible]

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STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
MATERIAL INSPECTED AND RELEASED ON JOB
CEM-4102 (New 7/95)

JOB STAMP

MATERIAL	ITEM NUMBER
SUPPLIER	

DATE OF INSPECTION	QUANTITY INSPECTED (#/ UNIT)
--------------------	------------------------------

BASIS FOR ACCEPTANCE - (INITIAL EACH CATEGORY)

<input type="checkbox"/>	1. CERTIFICATION OF COMPLIANCE (ATTACHED)
<input type="checkbox"/>	2. TEST RESULTS FROM MANUFACTURE (ATTACHED)
<input type="checkbox"/>	3. CERTIFICATE OF BUY AMERICA, AS APPLICABLE
<input type="checkbox"/>	4. VISUAL INSPECTION FOR OVERALL QUALITY, WORKMANSHIP, VERIFICATION OF MARKINGS
<input type="checkbox"/>	5. OTHER (EXPLAIN)

REMARKS:

INSPECTED BY:	RESIDENT ENGINEER SIGNATURE
---------------	-----------------------------

CEM4102

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California Department of Transportation • Construction Manual • July 2001

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
MATERIAL PLANT SAFETY CHECKLIST
 CEM-4202 (REV 11/2000)

NOTE: The contractor is responsible for all plant safety issues, regardless of any Caltrans' listing of acceptable or deficient items.

Report No.		Plant Owner	
Inspection By		Plant Location	
Inspection Date	District	Plant Make	Plant Type
EA		Plant Safety Certification Supplied By	Certification Date

INSPECTION AREA	PLANT FEATURE	<small>spec</small>	DEFICIENT	REMARKS
A. Asphalt Sample Area	1. Sampling height	<input type="checkbox"/>		
	2. Plumbing size	<input type="checkbox"/>		
	3. Insulation	<input type="checkbox"/>		
	4. Shielding	<input type="checkbox"/>		
	5. Housekeeping	<input type="checkbox"/>		
	6. Fire protection	<input type="checkbox"/>		
	7. Underground tank access	<input type="checkbox"/>		
B. Aggregate/Cement Sample Area	1. Access stairs	<input type="checkbox"/>		
	2. Access stairs, agg	<input type="checkbox"/>		
	3. Access stairs, binder	<input type="checkbox"/>		
	4. Guardrails	<input type="checkbox"/>		
	5. Floor holes	<input type="checkbox"/>		
	6. Housekeeping, agg	<input type="checkbox"/>		
	7. Sample size, agg	<input type="checkbox"/>		
	8. Sample size RAP	<input type="checkbox"/>		
	9. Conveyor lockout, agg	<input type="checkbox"/>		
	10. Conveyor lockout RAP	<input type="checkbox"/>		
	11. Site, dust control	<input type="checkbox"/>		
	12. Sample support rails	<input type="checkbox"/>		
	13. Conveyor startup warning	<input type="checkbox"/>		
C. Aggregate Belts and Drivers	1. Drive belt guards	<input type="checkbox"/>		
	2. Conveyor guards	<input type="checkbox"/>		
	3. Under conveyor clearance	<input type="checkbox"/>		
	4. Other conveyors	<input type="checkbox"/>		
D. Control Room	1. Stairs	<input type="checkbox"/>		
	2. Landings	<input type="checkbox"/>		
	3. Guardrails	<input type="checkbox"/>		
	4. Fire protection	<input type="checkbox"/>		
	5. Emergency exit	<input type="checkbox"/>		
	6. First aid	<input type="checkbox"/>		
	7. Drinking water	<input type="checkbox"/>		
	8. Toilet facilities	<input type="checkbox"/>		
E. Yard Equipment	1. Loaders	<input type="checkbox"/>		
	2. Trucks	<input type="checkbox"/>		
F. General Items	1. Lighting	<input type="checkbox"/>		
	2. Wash pits	<input type="checkbox"/>		
	3. Yard pits	<input type="checkbox"/>		
	4. Electrical	<input type="checkbox"/>		
	5. Auto control equipment	<input type="checkbox"/>		

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JOB STAMP

□

1

ASST. RESIDENT ENGINEER'S DAILY REPORT - FILE CAT. 46

[illegible]

CEM4501

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ASSISTANT RESIDENT ENGINEER'S DAILY REPORT

CEM 4601 REV 4/1999 CT# 7541-3504-6

Date _____

M T W T F S S Circle

Shift Hours Start _____ Stop _____

ASSISTANT RESIDENT ENGINEER'S DAILY _____ REPORT

Location & Description of Operation _____

						HOURS - ITEM NO.								WEATHER	
EQUIPMENT AND / OR LABOR:						<div style="text-align: center; transform: rotate(-45deg);">IDLE OR DOWN</div>								REMARKS (Reason for Idleness or other remarks)	
EQPT. NO.	NO. PERSONS	DESCRIPTION (Of Equipment or Labor)													

Signature
Title

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91-92184



[illegible]

PROGRESS RECORD

[illegible]

ESTIMATE OF WORK COMPLETED

[illegible]

CEM-4701 (REV 05/2001) CT# 7541-3521-2

CEM-4701 (REV 05/2001) CT# 7541-3521-2

[illegible]

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POSTED BY

DATE _____

POSTED TO

CONTRACT CHANGE ORDER

CEM-4900 (REV 05/2001) CT# 7541-3501-0

Sheet _____ of _____

Change Requested by: ☐ engineer ☐ contractor

CCO NUMBER	SUPPL. NUMBER	CONTRACT NUMBER	ROAD	FEDERAL NUMBER(S)
------------	---------------	-----------------	------	-------------------

TO

contractor

You are directed to make the following changes from the plans and specifications or do the following described work not included in the plans and specifications for this contract. **NOTE: This change order is not effective until approved by the engineer.**

Description of work to be done, estimate of quantities and prices to be paid. (Segregate between additional work at contract price, agreed price and force account.) Unless otherwise stated, rates for rental of equipment cover only such time as equipment is actually used and no allowance will be made for idle time. The last percentage shown is the net accumulated increase or decrease from the original quantity in the engineer's estimate.

Estimated Cost: ☐ Decrease ☐ Increase \$

By reason of this order the time of completion will be adjusted as follows:

SUBMITTED BY

SIGNATURE	(PRINT NAME & TITLE)	DATE
-----------	----------------------	------

APPROVAL RECOMMENDED BY

SIGNATURE	(PRINT NAME & TITLE)	DATE
-----------	----------------------	------

ENGINEER APPROVAL BY

SIGNATURE	(PRINT NAME & TITLE)	DATE
-----------	----------------------	------

We the undersigned contractor, have given careful consideration to the change proposed and agree, if this proposal is approved, that we will provide all equipment, furnish the materials, except as may otherwise be noted above, and perform all services necessary for the work above specified, and will accept as full payment therefor the prices shown above. **NOTE: If you, the contractor, do not sign acceptance of this order, your attention is directed to the requirements of the specification as to proceeding with the ordered work and filing a written protest within the time therein specified.**

CONTRACTOR ACCEPTANCE BY

SIGNATURE	(PRINT NAME & TITLE)	DATE
-----------	----------------------	------



CONTRACT CHANGE ORDER

CEM-4900 (REV 05/2001) CT# 7541-3501-0

Sheet _____ of _____

Change Requested by: ☐ engineer ☐ contractor

CCO NUMBER	SUPL. NUMBER	CONTRACT NUMBER	ROAD	FEDERAL NUMBER(S)
TO				

contractor

*You are directed to make the following changes from the plans and specifications or do the following described work not included in the plans and specifications for this contract. **NOTE: This change order is not effective until approved by the engineer.***

Description of work to be done, estimate of quantities and prices to be paid. (Segregate between additional work at contract price, agreed price and force account.) Unless otherwise stated, rates for rental of equipment cover only such time as equipment is actually used and no allowance will be made for idle time. The last percentage shown is the net accumulated increase or decrease from the original quantity in the engineer's estimate.

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CASOAC

CONTRACT NO.		CONSTRUCTION DEPT. USE ONLY		FUNCTION		OVERRIDE	
CCO NO.		SUPPL.		C. C. O. DESCRIPTION			
APPROVAL DATE		TIME EXTENSION DAYS		CATEGORY			
NET \$ CHANGE THIS CCO		CARD TYPE		NET \$ AMOUNT BRIDGE WORK THIS CCO			
PAYMENT METHOD		\$ AMOUNT		ITEM NUMBER		QUANTITY	
EW AC FA LS UP							
EW AC FA LS UP							
EW AC FA LS UP							
FEDERAL PARTICIPATION		IF PARTICIPATING IN PART (S), BREAKDOWN COST AS FOLLOWS:		FEDERAL SEGREGATION (IF MORE THAN ONE FUNDING SOURCE)			
P = PARTICIPATING		TYPE		COST			
M = NON-PARTICIPATING (MAINTENANCE)							
N = NON-PARTICIPATING (OTHER THAN MAINTENANCE)							
R = NON-PARTICIPATING (REIMBURSEMENT BY OTHERS)							
S = PARTICIPATING IN PART							
IN CASE OF QUESTIONS CONTACT: NAME		BUSINESS PHONE		VERIFY			

CONTRACT CHANGE ORDER INPUT

CEM-4901 REV 5/1993 CT# 7541-3516-2

HEADING	INSTRUCTIONS
Contract Number	Required
CCO Number	Enter CCO and Supplement Numbers.
CARD TYPE 1	
CCO Description	CCO Description must be entered.
Net Money Change This CCO	Enter the amount of change. Enter zero if there is no net change. Indicate negative or positive amount.
Approval Date	Enter the month, day, year and the <u>Approval Date</u> . The change order will not be filed until it has been approved.
Time extension days	One of the following entries must be made: <ol style="list-style-type: none"> 1. Enter zero if there is no time extension. 2. Enter the number of Time Extension Days. 3. Enter "DEF" if consideration of a time extension has been deferred.
Category	Enter alpha-numeric code. Left justify if less than four characters.
CARD TYPE 2	
EW or AC	Mark either the Extra Work or the Adjustment of Compensation boxes.
Payment Method	Mark one of the three Payment Method boxes, Force Account, Lump Sum or Unit price.
\$ Amount	Enter the dollar amount of the change.
CARD TYPE 3	
Item Number Quantity	Enter the contract item number and the quantity change for each item shown on the change order.
CARD TYPE 4	
Bridge Work	Enter the net amount of Bridge Work contained in this change order. Leave blank if zero.
CARD TYPE 5	
Federal Participation	Enter FHWA Funding Participation determination on every change order.
Participating-in-Part funding	Indicate breakdown for Participating-in-Part funding.
Federal Segregation	If more than one funding source, mark if the CCO is to be funded as prescribed in contract or show the percentage allotted to each Federal funding source.



EXTRA WORK BILL (SHORT FORM)

CEM-4902 REV 7/94 CT# 7541-3500-8

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CASEWB

DATE PERFORMED		DATE OF REPORT		CONTRACTOR JOB		CONTRACTOR RPT. NO.		E.W. A.C. BRT * 50% SUB RTW PARTNERING LABOR WCT CLASS		CONTRACT NO.		CCO NO.		REPORT NO.	
01															
WORK PERFORMED BY															
02															
DESCRIPTION OF WORK															
03															

EQUIPMENT CHARGES

EQUIPMENT ID NUMBER	EQUIPMENT DESCRIPTION		REGULAR HOURS	OVERTIME HOURS	FOR RESIDENT ENGINEERS ONLY	
	CLASS	MAKE			ATTACH	DATE RECEIVED
04						
05						
06						
07						
08						
09						
10						

MATERIAL and/or WORK DONE BY SPECIALIST OR LUMP OR UNIT PRICE PAYMENTS

VENDOR NAME	INVOICE NUMBER	MO	DAY	YR
24				
INVOICE DESCRIPTION	UNIT COST OR NET PAY			
VENDOR NAME	INVOICE NUMBER	MO <td>DAY <td>YR</td> </td>	DAY <td>YR</td>	YR
25				
INVOICE DESCRIPTION	UNIT COST OR NET PAY			

LABOR CHARGES

CRAFT ID	LABOR NAME		LABOR REGULAR HOURS		OVERTIME HOURS		SUBSISTENCE	
	LAST	INIT	HRS	RATE	HRS	RATE	UNITS	RATE
34								
35								
36								
37								
38								
39								
40								
SIGNATURE OF RESIDENT ENGINEER								

IN CASE OF QUESTIONS CONTACT: (Resident Engineers Use Only)

SIGNATURE OF PRIME CONTRACTORS REPRESENTATIVE

NAME

BUSINESS PHONE



EXTRA WORK BILL (SHORT FORM)

CEM-4902 REV 7/94 CT # 7541-3500-8

Preparing Form CEM 4902

This form is provided for entry of basic information related to extra work performed on a Contract Change Order. The majority of all Extra Work Bills will fit on this form. If more entries are required for equipment, labor or material, you must use the four part forms. (CEM-4902A, CEM-4902B, CEM-4902C, CEM-4902D)

The top of this form includes fields that are used to record basic information required on all Extra Work Bills. Following is a list of these fields: All switch fields, Bridge, flagging, sub work, R/W Delay and Partnering are set by entering a "Y" in the appropriate box. To remove a switch from an existing bill, place an "N" in the appropriate box.

FIELD

REMARKS

Contract Number	Identifies the project. Must be a valid contract number that is on file in the Progress Pay System.
CCO Number	Identifies the Contract Change Order.
Report Number	This is assigned by the submitter (R.E.), in sequential order beginning with 0001 for each CCO.
<u>Line 01:</u>	
Date Performed	Enter the work performed date. "VAR" may be entered in this field if the pay method is lump-sum or unit-price and equipment.
Date of Report	Enter the date the bill is prepared.
Contractor Job No.	This is used by the contractor to identify the extra work bill.
Contractor Rpt. No.	This is used by the contractor to identify the extra work bill.
Payment Method	Required entry. Indicate + or -, and place an "X" in the appropriate box. A blank is considered a +.
BR SW	Set to "Y" in if the CCO indicates work on structure items.
50% Flag	Set to "Y" if the bill is for flagging. This will reduce the bill by 50%.
Sub Work	Set to "Y" to add subcontractor markup.
R/W Delay	Set to "Y" if bill is for right of way delay. No markup will be applied to the bill.
Partnering Switch	Set to "Y" if bill is for partnering. No markup will be applied to the bill.
Labor Sur	Enter the labor surcharge for the type of work normally performed by that contractor.

Line 02 and 03

Work Performed By	Identify the party that is performing the work.
Description of Work	Identify the location and description of the work.

Lines 04 - 10 Equipment Charges

Equipment Description	Enter equipment ID, Class, Make, Code. If any are missing the bill will not be accepted.
Equipment Attachments	Enter attachment codes.
Equipment Hours	Enter regular and overtime hours. Hours must be greater than zero.

Lines 24 - 25 Materials and/or Work done by Specialist or Lump or Unit Price Payments

Vendor Name	Enter the vendor's name.
Invoice data	Enter the invoice number, date, and description.
Invoice units & cost	Enter the number of units and the unit cost or net pay.

Lines 34 - 40 Labor Charges

Labor Description	Enter labor craft, initial and last name.
Labor Hours & Rate	Enter regular and overtime hours and rates. Hours and rates must not be zero.
Subsistence	Enter subsistence hours and rate if subsistence was paid.

CEM4902

FOR RESIDENT ENGINEERS USE ONLY		<input type="checkbox"/> New Bill <input type="checkbox"/> Resubmittal	
<input type="checkbox"/> Approved for Payment <input type="checkbox"/> Returned for Correction	DATE RECEIVED _____ DATE OF ACTION _____		

ATTACHED TO THIS BILL ARE:

☐ Labor Charges CEM-4902B

☐ Equipment Charges CEM-4902C

☐ Material Charges CEM-4902D

SIGNATURE (Resident Engineer)	IN CASE OF QUESTION: (Resident Engineer Use Only)		
SIGNATURE (Prime Contractor's Representative)	NAME	BUSINESS PHONE	
	PINK - Contractor (After Approval)	GOLDENROD	Contractor
	CANARY - Resident Engineer		
	WHITE - Data Entry		
			CEM4902A



EXTRA WORK BILL-TITLE PAGE

CEM-4902A NEW 7/94 CT# 7541-3496-7

Preparing Form CEM 4902A

Form CEM 4902A is provided for entry of basic information related to extra work performed on a Contract Change Order. It is the first of four input forms used to file the Extra Work Bill and are required for each billing. Entries in the shaded areas will not become part of the electronic copy of the bill and are for the user's information only.

The top of this form includes fields that are used to record basic information required on all Extra Work Bills. Following is a list of these fields: All switch fields, Bridge, flagging, sub work, R/W Delay and Partnering are set by entering an "Y" in the appropriate box. To remove a switch from an existing bill, place an "N" in the appropriate box.

<u>FIELD</u>	<u>REMARKS</u>
Contract Number	Required entry
CCO Number	Required entry
Report Number	Required entry. This number is assigned by the submitter (R.E.), in sequential order beginning with 0001 for each CCO.
Date performed	This is required entry. "VAR" may be entered in this field if the pay method is lump-sum or unitprice and forms for equipment and labor bill are not used .
Date of Report	Required entry.
Cont. Job No.	Optional entry.
Cont. Rpt. No.	Optional entry.
Payment Method	Required entry. Indicate + or -, and place an "X" in the appropriate box. A blank is considered a +
BR Switch	Place a "Y" in this box if bridge work is involved. Use an "N" to remove BR Switch.
50% Flag	Place a "Y" in this box if pay is for 50% flagging. Use an "N" to remove 50% flagging.
Sub Work	Place a "Y" in this box if 5% Sub contractor markup is involved. Use "N" to remove Sub contractor markup.
R/W Delay	Place a "Y" in this box to indicate R/W delay. Use an "N" to remove R/W Delay.
Partnering Switch	Place a "Y" in this box to indicate this bill is for Partnering cost billing.
Work Performed By	Optional
Description of Work	Optional

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CONTRACT NO.	CCO NO.	REPORT NO.	LABOR SURCHARGE	WCI CLASS	WCI RATE	PAGE
						1 of 1

CRAFT ID	NAME		REGULAR HOURS			PREMIUM HOURS			SUBSISTENCE		
	INT	LAST	HRS	RATE		HRS	RATE		UNITS	RATE	TOTAL
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
51											
52											
53											
OTHER EXPENSES SUBJECT TO LABOR MARKUP					TOTAL (C)		TOTAL (D)			TOTAL (E)	

DESCRIPTION												AMOUNT
54												
										TRAVEL EXPENSE		
										UNITS		
										RATE		
												EXTENDED TOTAL (F)

SIGNATURE (Resident Engineer)		IN CASE OF QUESTION: (Resident Engineer Use Only)	
SIGNATURE (Prime Contractor's Representative)		NAME	BUSINESS PHONE
WHITE - Data Entry	CANARY - Resident Engineer	PINK - Contractor (After Approval)	GOLDENROD - Contractor



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Preparing Form CEM 4902B

Form CEM 4902B is provided for entry of the contractor labor costs used to perform work on a contract change order. Information in the shaded area will not become part of the electronic copy of the bill. The top of this form includes fields that are used to record or calculate labor surcharges. Following is a list of these fields:

<u>FIELD</u>	<u>REMARKS</u>
Contract Number	Required entry, same as on the Title Page
CCO Number	Required entry, same as on the Title Page
Report Number	Required entry, same as on the Title Page
Labor Surcharge	Enter Surcharge percent as a whole number. Use Surcharge rate that was in effect when the work was done. This percent surcharge will apply to all labor lines on this Bill.
WCI Class	Optional entry. Choose one of the WCI Classes G01, S01-S09, or D01
WCI Rate	Enter WCI rate if the WCI Class is entered. This rate will apply to all labor lines on this Bill and must be substantiated by the Contractor.
Craft ID	Required entry.
Name - Initial	Required entry.
Name - Last	Required entry.
Regular Hours - Hours	Enter number of regular hours worked.
Regular Hours - Rate	Enter the regular rate.
Premium Hours - Hours	Enter number of Premium hours worked.
Premium Hours - Rate	Enter the Premium rate.
Subsistence - Units	Enter the Units if subsistence was paid.
Subsistence - Rate	Enter the Rate if subsistence was paid.
Other - Description & Amount	Optional entry for expenses not included in equipment, labor or invoices.
Travel Expenses - Units & Rate	Optional entry when travel expense was required.

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
EXTRA WORK BILL - EQUIPMENT CHARGES
CEM-4902C NEW 7/94 CT# 7541-3498-1

CASEWB

EQUIP ID NUMBER		EQUIPMENT DESCRIPTION			CONTRACT NO.		CCO NO.		REPORT NO.		PAGE	
CLASS	MAKE	CODE	ATTACH	REGULAR HOURS	OVERTIME HOURS	REG RATE	OT RATE	EXTENDED AMOUNT		of		
04												
05												
06												
07												
08												
09												
10												
11												
12												
13												
14												
15												
16												
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22												
23												
SIGNATURE OF RESIDENT ENGINEER					IN CASE OF QUESTION CONTACT: (RESIDENT ENGINEERS USE ONLY)		TOTAL (A)		BUSINESS PHONE			
SIGNATURE OF PRIME CONTRACTORS REPRESENTATIVE					NAME							

WHITE - DATA ENTRY CANARY- RESIDENT ENGINEER PINK - CONTRACTOR (AFTER APPROVAL) GOLDENROD - CONTRACTOR CEM4902C





Preparing Form CEM-4902C

Form CEM-4902C is provided for entry of the contractor equipment costs used to perform work on a contract change order. Information in the shaded area will not become part of the electronic copy of the bill. Following is a list of these fields:

<u>FIELD</u>	<u>REMARKS</u>
Contract No.	Required entry, same as on the Title Page
CCO No.	Required entry, same as on the Title Page
Report No.	Required entry, same as on the Title Page
Equipment ID	Required entry. Enter the equipment's I.D. number.
Equipment Description	Each piece of equipment is identified by code. This code is either in the Equipment Rental Rate Book or is included in the Miscellaneous Equipment Listing.
Equipment Class	Required entry. In the Equipment Rental Rate book, this code is included in the heading for the class of equipment and is set off by brackets [].
Equipment Make	Required entry. In the Equipment Rental Rate book, this code is included in the subheading adjacent to the Manufacturer's name and is set off by brackets [].
Equipment Code	Required entry. In the Equipment Rental Rate book, this code is included in the line of the equipment being identified under the subheading "CODE".
Attach	Optional entry. In the equipment Rental Rate Book, the attachment codes are in the class "ATTACHMENTS" and are identified under the subheading "CODE."
Regular Hours	Enter the number of Regular hours worked.
Premium Hours	Enter the number of Premium hours worked.

NOTE: If the equipment was on R/W delay, place a "Y" in the R/W Delay box on the Title Page Form.

EXTRA WORK BILL - MATERIAL CHARGES

CEM-4902D NEW 7/94 Front CT# 7541-3499-3

CASEWBMATERIAL and/or WORK done by
specialist or Lump Sum or Unit Price Payments

CONTRACT NO.	CCO NO.	REPORT NO.	PAGE
			1 of

VENDOR NAME	INVOICE NUMBER	UNIT COST OR NET PAY	UNITS	EXTENDED TOTAL	MO	DAY	YR
24	INVOICE DESCRIPTION						
VENDOR NAME	INVOICE NUMBER	UNIT COST OR NET PAY	UNITS	EXTENDED TOTAL	MO	DAY	YR
25	INVOICE DESCRIPTION						
VENDOR NAME	INVOICE NUMBER	UNIT COST OR NET PAY	UNITS	EXTENDED TOTAL	MO	DAY	YR
26	INVOICE DESCRIPTION						
VENDOR NAME	INVOICE NUMBER	UNIT COST OR NET PAY	UNITS	EXTENDED TOTAL	MO	DAY	YR
27	INVOICE DESCRIPTION						
VENDOR NAME	INVOICE NUMBER	UNIT COST OR NET PAY	UNITS	EXTENDED TOTAL	MO	DAY	YR
28	INVOICE DESCRIPTION						
VENDOR NAME	INVOICE NUMBER	UNIT COST OR NET PAY	UNITS	EXTENDED TOTAL	MO	DAY	YR
29	INVOICE DESCRIPTION						
VENDOR NAME	INVOICE NUMBER	UNIT COST OR NET PAY	UNITS	EXTENDED TOTAL	MO	DAY	YR
30	INVOICE DESCRIPTION						
VENDOR NAME	INVOICE NUMBER	UNIT COST OR NET PAY	UNITS	EXTENDED TOTAL	MO	DAY	YR
31	INVOICE DESCRIPTION						
VENDOR NAME	INVOICE NUMBER	UNIT COST OR NET PAY	UNITS	EXTENDED TOTAL	MO	DAY	YR
32	INVOICE DESCRIPTION						
VENDOR NAME	INVOICE NUMBER	UNIT COST OR NET PAY	UNITS	EXTENDED TOTAL	MO	DAY	YR
33	INVOICE DESCRIPTION						
VENDOR NAME	INVOICE NUMBER	UNIT COST OR NET PAY	UNITS	EXTENDED TOTAL	MO	DAY	YR

SIGNATURE OF RESIDENT ENGINEER

SIGNATURE OF PRIME CONTRACTOR'S REPRESENTATIVE

INVOICE

WHITE - DATA ENTRY

CANARY - RESIDENT ENGINEER

PINK - CONTRACTOR (AFTER APPROVAL)

GOLDENROD - CONTRACTOR



Preparing Form CEM-4902D

Form CEM 4902D is provided for entry of the contractor material and/or work done by specialist or LUMP SUM or UNIT PRICE PAYMENTS. It is not practical to use the Extra Work Bill to compute invoices, due to tax and discount; the net amount of the invoice should be entered as a unit. Information in the shaded area will not become part of the electronic copy of the bill. Following is a list of these fields:

<u>FIELD</u>	<u>REMARKS</u>
Contract No.	Required entry, same as on the Title Page
CCO Number	Required entry, same as on the Title Page
Report No.	Required entry, same as on the Title Page
Vendor Name	Optional entry.
Invoice Number	Optional entry.
Invoice Date	Optional entry. "VAR" is an acceptable invoice date entry.
Invoice Description	Optional entry.
Units	Required entry. Both lump-sum and unit-price entries require a unit to be input.
Unit Cost or Net Pay	Required entry.

NOTE: The Material entry will not be processed unless there is a value in both the Unit and the Unit Cost fields.

CONTRACT CHANGE ORDER MEMORANDUM

CEM-4903 REV 5/2001 CT#7541-3544-0

DATE _____

TO _____			FILE E. A. _____
FROM _____			CO-RTE-PM _____
			FED NO. _____
CCO NO. _____	SUPPLEMENT NO. _____	CATEGORY CODE _____	CONTINGENCY BALANCE (Including this change): \$ _____
\$ _____ <input type="checkbox"/> INC <input type="checkbox"/> DECR			HEADQUARTERS APPROVAL REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
SUPPLEMENTAL FUNDS PROVIDED \$ _____			IS THIS REQUEST IN ACCORDANCE WITH ENVIRONMENTAL DOCUMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO

THIS CHANGE ORDER PROVIDES FOR (Use additional pages as needed):

CONCURRED BY:		ESTIMATE OF COST	
CONSTRUCTION ENGINEER/BRIDGE ENGINEER		THIS REQUEST	TOTAL TO DATE
PROJECT ENGINEER		ITEMS	
PROJECT MANAGER	DATE	FORCE ACCOUNT	
		AGREED PRICE	
FHWA REP.	DATE	ADJUSTMENT	
		TOTAL	
ENVIRONMENTAL	DATE	FEDERAL PARTICIPATION	
		<input type="checkbox"/> PARTICIPATING <input type="checkbox"/> PARTICIPATING IN PART <input type="checkbox"/> NONE <input type="checkbox"/> NON-PARTICIPATING (Maintenance) <input type="checkbox"/> NON-PARTICIPATING	
OTHER (SPECIFY)	DATE	FEDERAL SEGREGATION (If more than one funding source or P.I.P. type)	
	DATE	<input type="checkbox"/> CCO FUNDED PER CONTRACT <input type="checkbox"/> CCO FUNDED AS FOLLOWS FEDERAL FUNDING SOURCE PERCENT	
HQ OR DISTRICT PRIOR APPROVAL BY	DATE		
RESIDENT ENGINEER SIGNATURE			

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CONTRACT CHANGE ORDER MEMORANDUM

CEM-4903 REV 5/2001 CT#7541-3544-0

Page 2 of

THIS CHANGE ORDER PROVIDES FOR (Use additional pages as needed):



REQUEST FOR PAYMENT FOR MATERIALS ON HAND

CEM-5101 REV 5/2001 CT# 7541-3522-4

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TO: RESIDENT ENGINEER *(Name)*

FROM: CONTRACTOR *(Name of Company)*

DATE _____

In accordance with the provisions of Section 9-1.06 of the Standard Specifications, request is made for payment as "Materials on Hand" for the following materials:

ITEM NUMBER	QUANTITY	MATERIAL DESCRIPTION	VALUE	TYPE OF SUBSTANTIATING EVIDENCE OF PURCHASE ATTACHED	WHERE STORED *

AFFIDAVIT:

The materials listed above have been purchased exclusively for use on the above-referenced project. The material is separated from other like materials and is physically identified as our property for use on Contract _____. The State may enter upon the premises for the purposes set forth in Section 6 of the Standard Specifications for inspection, checking or auditing, or for any other purpose you consider necessary. It is expressly understood and agreed that this information and affidavit are furnished to the State for the purpose of obtaining payment for the above materials before they are delivered to, or incorporated into, the project described above, and that the storage thereof at the location shown is subject to, and under the control of, the State. A revised form showing the current status of the value of materials for which payment is being requested will be submitted each estimate period.

SIGNATURE OF CONTRACTOR

* When stored at a location other than on the jobsite or at a fabricator's yard, a warehouse receipt for the materials issued in the name of the State shall accompany the request for payment. In case the storage location (other than the jobsite or fabricator's yard) is the Contractor's property, the area containing the material to be paid for shall be fenced and posted to indicate that the material within the fenced area is under the control of the State.

INSTRUCTIONS TO CONTRACTOR:

Submit original and one copy to Resident Engineer not later than one week prior to the end of the estimate period. Attach evidence of purchase (and warehouse receipt when required) to original.

INSTRUCTIONS TO RESIDENT ENGINEER:

Forward duplicate to Division of New Technology, Materials and Research.

CASØAE

Sample Forms

CONTRACT ADMINISTRATION SYSTEM (CAS) - REPORT REQUESTS

CEM-6002 (REV. 02/2001)

To: EDP: Please obtain the reports indicated below.

NOTE: See Section 5-1
of the *Construction*Priority Class ☐ S/C 5092Procedure: **CASRPT**

REQUESTS R 1		SELECTION CRITERIA S 1	
TITLE OF REPORT		DISTRICT 2 3	
DISTRICT (XX) ESTIMATE STATUS	<input type="checkbox"/> 2	<div style="border-bottom: 1px solid black; width: 100px;"></div>	<div style="border-bottom: 1px solid black; width: 100px;"></div>
PROJECT MANAGEMENT (Exceptional Contracts, Project File Status and Summary of Control Report)	<input type="checkbox"/> 3	<div style="border-bottom: 1px solid black; width: 100px;"></div>	<div style="border-bottom: 1px solid black; width: 100px;"></div>
DISTRICT (XX) PROJECT STATUS	<input type="checkbox"/> 4	<div style="border-bottom: 1px solid black; width: 100px;"></div>	<div style="border-bottom: 1px solid black; width: 100px;"></div>
PROGRESS PAYMENT-WORK DONE BY OFFICE OF STRUCTURES	<input type="checkbox"/> 5	<div style="border-bottom: 1px solid black; width: 100px;"></div>	<div style="border-bottom: 1px solid black; width: 100px;"></div>
PROJECT RECORD ESTIMATE (Schedule of Extra Work, Schedule of Deductions, Project Record Estimate, Progress Payment Voucher)	<input type="checkbox"/> 6	<div style="border-bottom: 1px solid black; width: 100px;"></div>	<div style="border-bottom: 1px solid black; width: 100px;"></div>
STATUS OF CONTRACT ITEMS	<input type="checkbox"/> 7	<div style="border-bottom: 1px solid black; width: 100px;"></div>	<div style="border-bottom: 1px solid black; width: 100px;"></div>
PROJECT RECORD ITEM SHEET	<input type="checkbox"/> 8	<div style="border-bottom: 1px solid black; width: 100px;"></div>	<div style="border-bottom: 1px solid black; width: 100px;"></div>
STATUS OF PROJECT CHANGE ORDERS	<input type="checkbox"/> 9	<div style="border-bottom: 1px solid black; width: 100px;"></div>	<div style="border-bottom: 1px solid black; width: 100px;"></div>
CCO MASTER LISTING	<input type="checkbox"/> 10	<div style="border-bottom: 1px solid black; width: 100px;"></div>	<div style="border-bottom: 1px solid black; width: 100px;"></div>
BRIDGE QUANTITIES BY STRUCTURE	<input type="checkbox"/> 11	<div style="border-bottom: 1px solid black; width: 100px;"></div>	<div style="border-bottom: 1px solid black; width: 100px;"></div>
DISTRICT (XX) STATUS OF ANTICIPATED CHANGES	<input type="checkbox"/> 12	<div style="border-bottom: 1px solid black; width: 100px;"></div>	<div style="border-bottom: 1px solid black; width: 100px;"></div>
PROJECT RECORD-ESTIMATE (DUMMY)	<input type="checkbox"/> 13	<div style="border-bottom: 1px solid black; width: 100px;"></div>	<div style="border-bottom: 1px solid black; width: 100px;"></div>
CONTRACT CONTENTS REPORT	<input type="checkbox"/> 14	<div style="border-bottom: 1px solid black; width: 100px;"></div>	<div style="border-bottom: 1px solid black; width: 100px;"></div>
CONTRACT CONTENTS REPORT (Contract Item Records)	<input type="checkbox"/> 15	<div style="border-bottom: 1px solid black; width: 100px;"></div>	<div style="border-bottom: 1px solid black; width: 100px;"></div>
CONTRACT CONTENTS (Contract Progress)	<input type="checkbox"/> 16	<div style="border-bottom: 1px solid black; width: 100px;"></div>	<div style="border-bottom: 1px solid black; width: 100px;"></div>
DEWRS IN HOLDING FILE	<input type="checkbox"/> 17	<div style="border-bottom: 1px solid black; width: 100px;"></div>	<div style="border-bottom: 1px solid black; width: 100px;"></div>
RENTAL RATES & CODES FOR MISCELLANEOUS EQUIPMENT	<input type="checkbox"/> 18	<div style="border-bottom: 1px solid black; width: 100px;"></div>	<div style="border-bottom: 1px solid black; width: 100px;"></div>

IN CASE OF QUESTION CONTACT

S/C 5092

NAME _____

VERIFY

PHONE _____ DATE _____

PAGE _____ OF _____

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PROGRESS PAY-ESTIMATE PROJECT INITIATION OR UPDATE

CEM-6003 (REV 02/2001)

CASOOA

PROJECT KEY

FB	DIST.	CONTRACT NUMBER
1	2 3 4	9
		4

INSTRUCTIONS FOR CARD C05

- CONTRACT SUSPENSION: ENTER SUSPENSION DATE AND 'S' IN SR
- CONTRACT REACTION: ENTER REACTIVATION DATE AND 'R' IN SR
- FOR CORRECTION: ENTER CORRECT DATE OR 00/00/0000 AND 'C' IN SR
- FOR PROJECT REQUIRING 5% RETENTION: ENTER 'X' IN PE
- FOR PROJECTS AWARDED AFTER 1/1/88:
- ENTER DATE WHICH IS 15 CALENDAR DAYS AFTER APPROVAL DATE IN BEGIN CONSTRUCTION DATE

MISCELLANEOUS INPUT

C CARD TYPE	RESIDENT ENGINEERS PHONE NUMBER	RESPON. UNIT	DATE WORK STARTED	EST. DATE FOR COMPLETION	PASSWORD	SUSPENSION OR REACTIVATION DATE	S R	P E	BEGIN CONSTRUCTION DATE
C 0 5									

RESIDENT ENGINEERS MAILING ADDRESS

C 0 6	
C 0 7	
C 0 8	

CONTRACTOR NAME AND ADDRESS

C 0 9	NAME	ADDRESS
C 1 0		
C 1 1		
C 1 2		
C 1 3		
C 1 4		

CONTRACTORS PHONE NUMBER

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BRIDGE DEPARTMENT DATA

C CARD TYPE	BRIDGE REP. NAME	RESPON. UNIT	ORIGINAL AUTHORIZED AMOUNT FOR BRIDGE WORK *	MOBIL %	C
C 1 5					

* (INCLUDE MOBIL AMT.)

REMARKS

BY: _____

NAME _____ PHONE _____ DATE _____

VERIFY

VERIFICATION

CASOA

LINE NO.	DATE		SOURCE DOCUMENT DESCRIPTION	BRIDGE	CONTRACT ITEM ENTRIES			ALL OTHER ENTRIES			ENT BY	✓ BY
	MO.	DAY			ITEM NO.	QUANTITY (UNITS)	CODE	CCO NO.	AMOUNT (\$)	TYPE		
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												

VERIFY

IN CASE OF QUESTION CONTACT: NAME _____ PHONE _____



CONTRACT TRANSACTIONS INPUT

1. Enter district and contract numbers on each input page.
2. Enter the password assigned to this contract number.
3. Assign page numbers sequentially throughout the life of the contract starting with Page Number 001. Be careful. This number is important.
4. Each line entry must include the date and a source document description. All source documents are to be cross referenced to this input page using the page and line numbers and the "date of entry." There are two classes of transaction entries.

A. Contract Item Transactions:

<u>TRANSACTION TYPE</u>	<u>ITEM NO.</u>	<u>QUANTITY</u>	<u>CODE</u>
Item Payment	Enter	Enter	Blank
Item Quantity Balance	Enter	Enter	Q
Anticipated Change to Item	Enter	Enter	A
*Item Final Balance	Enter	Blank	F
*Item Final Balance (Reopen)	Enter	'Reopen'	F

*Source Document Description may be left blank and a standard description will be supplied.

B. All Other Entries:

<u>TRANSACTION TYPE</u>	<u>CCO NO.</u>	<u>AMOUNT</u>	<u>TYPE</u>
Anticipated Change	Blank	Enter	ANT
Materials on Hand	Blank	Enter	MHS
SFM & E Allotment Change	Blank	Enter	SFM
Total Allotment Change	Blank	Enter	TAC
Anticipated Change to CCO	Enter	Enter	ACC
*CCO Final Balance	Enter	Blank	BAL
*CCO Final Balance (Reopen)	Enter	'Reopen'	BAL

*Source Document Description may be left blank and a standard description will be supplied.

NOTICE OF POTENTIAL CLAIM

CEM-6201 (REV 3/2001)

FOR STATE USE ONLYReceived by _____ Date _____
(For resident engineer)

TO (resident engineer)	CONTRACT NUMBER	DATE
-------------------------------	-----------------	------

This is a Notice of Potential Claim for additional compensation under the provisions of Section 9-1.04 of the Standard Specifications. The act of the engineer, or his/her failure to act, or the event, thing, occurrence, or other cause giving rise to the potential claim occurred on

DATE

The particular circumstances of this potential claim are described in detail as follows:

The reasons for which I believe additional compensation may be due are:

The nature of the costs involved and the amount of the potential claim are described as follows:
(If accurate cost figures are not available, provide an estimate, or describe the types of expenses involved.)

The undersigned originator (Contractor or Subcontractor as appropriate) certifies that the above statements are made in full cognizance of the California False Claims Act, Government Code sections 12650-12655. The undersigned further understands and agrees that this potential claim to be further considered unless resolved, must be restated as a claim in response to the states proposed final estimate in accordance with Section 9-1.07B of the Standard Specifications.

SUBCONTRACTOR or CONTRACTOR
(Circle one)

(Authorized Representative)

For subcontractor notice of potential claim*This notice of potential claim is acknowledged and forwarded by*

PRIME CONTRACTOR

(Authorized Representative)

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CEM6201





CONTRACT ACCEPTANCE

CEM 6301 (Rev. 1/2001)

CONTRACT NUMBER	COUNTY, ROUTE, BRIDGE, POST KILOMETERS	FEDERAL NO.
CONTRACTOR NAME AND BUSINESS ADDRESS		

CONTRACT DESCRIPTION AND DELIVERY

DESCRIPTION	QUANTITY DELIVERED	UNITS
New Construction		Centerline Kilometers
		Lane Kilometers
		Structures
Reconstruction		Lane Kilometers
		Structures
New HOV		Lane Kilometers
Operations		Lane Kilometers
Rehabilitation		Lane Kilometers
Preservation		Lane Kilometers
Roadside: New Highway Planting		Hectares
Soundwall		Linear Kilometers

CONTRACT WORK WAS SATISFACTORILY COMPLETED

Date

CONTRACT ACCEPTANCE IS RECOMMENDED - in accordance with Section 7-1.17, "Acceptance of Contract," of the *Standard Specifications*.

Signature, Resident Engineer

CONTRACT IS ACCEPTED IN ACCORDANCE WITH ABOVE RECOMMENDATION

Date

Signature, District Division Chief
for the Director

CEM-6301

CONTRACT ACCEPTANCE

CEM 6301 (Rev. 1/2001)

Instructions for Form CEM-6301, *Contract Acceptance*

Contract Description Definitions:

New Construction:

New transportation facility that did not previously exist in the corridor or as the addition of an interchange. Lane kilometers include High Occupancy Vehicles (HOV) lanes.

Reconstruction:

- Addition of a mainline through lane, including HOV lanes
- Significant changes in horizontal and vertical alignment
- Reconstruction of an interchange by adding, moving or relocating ramps
- Replacement of an entire bridge or major portions of an existing bridge on a new vertical or horizontal alignment
- Seismic Retrofit

Operations:

Turnouts, passing lanes, truck climbing lanes

Rehabilitation:

Restoration and replacement of lanes, excluding any major maintenance of lanes (AC overlays greater than 25mm)

Preservation:

Major maintenance and other pavement life extension work (Thin blanket AC overlays 25mm or less, chip seals, slurry seals, etc.)

Roadside-New Highway Planting:

Landscaping

Soundwalls:

Linear kilometers of new soundwall

CONSTRUCTION MANUAL PROPOSED CHANGE

CEM-9001 (New 11/1992)

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CHAPTER	SECTION	PAGE
SUBMITTED BY	DISTRICT/UNIT	DATE
PROPOSED CHANGE		

NUMBER OF ATTACHED PAGES

APPROVED BY	APPROVAL DATE
-------------	---------------

SAMPLE IDENTIFICATION CARD

CARD NUMBER

TL-0101 (REV. 10/97)

C

<input type="checkbox"/> PRELIMINARY TESTS	SAMPLE SENT TO:	FIELD NO.
<input type="checkbox"/> PROCESS TESTS		DIST. LAB NO.
<input type="checkbox"/> ACCEPTANCE		LOT NO.
INDEPENDENT ASSURANCE TESTS	<input type="checkbox"/> HDQTRS. LAB	P.O. OR REQ. NO.
<input type="checkbox"/> DIST. LAB	<input type="checkbox"/> BRANCH LAB	
<input type="checkbox"/> TRANS. LAB	<input type="checkbox"/> DIST. LAB	
<input type="checkbox"/> SPECIAL TESTS	SHIPMENT NO.	AUTHORIZATION NO.

SAMPLE OF

FOR USE IN

SAMPLE FROM

DEPTH

LOCATION OF SOURCE

THIS SAMPLE IS SHIPPED IN (NO. CONTAINERS)	AND IS ONE OF A GROUP OF	SAMPLES REPRESENTING (TONS, GALS, BBLs)
---	-----------------------------	---

OWNER OR MANUFACTURER

TOTAL QUANTITY AVAILABLE	TEST RESULTS DESIRED <input type="checkbox"/> NORMAL <input type="checkbox"/> PRIORITY	DATE NEEDED
-----------------------------	---	-------------

REMARKS

COVER ADDITIONAL INFORMATION WITH LETTER

DATE SAMPLED

BY TITLE

DIST, CO, RTE, PM

LIMITS

CONT. NO.

FED. NO.

RES. ENGR. OR SUPT.

ADDRESS

CONTRACTOR

SAMPLE IDENTIFICATION CARD

CARD NUMBER

TL-0101 (REV. 10/97)

C

<input type="checkbox"/> PRELIMINARY TESTS	SAMPLE SENT TO:	FIELD NO.
<input type="checkbox"/> PROCESS TESTS		DIST. LAB NO.
<input type="checkbox"/> ACCEPTANCE		LOT NO.
INDEPENDENT ASSURANCE TESTS	<input type="checkbox"/> HDQTRS. LAB	P.O. OR REQ. NO.
<input type="checkbox"/> DIST. LAB	<input type="checkbox"/> BRANCH LAB	
<input type="checkbox"/> TRANS. LAB	<input type="checkbox"/> DIST. LAB	
<input type="checkbox"/> SPECIAL TESTS	SHIPMENT NO.	AUTHORIZATION NO.

SAMPLE OF

FOR USE IN

SAMPLE FROM

DEPTH

LOCATION OF SOURCE

THIS SAMPLE IS SHIPPED IN (NO. CONTAINERS)	AND IS ONE OF A GROUP OF	SAMPLES REPRESENTING (TONS, GALS, BBLs)
---	-----------------------------	---

OWNER OR MANUFACTURER

TOTAL QUANTITY AVAILABLE	TEST RESULTS DESIRED <input type="checkbox"/> NORMAL <input type="checkbox"/> PRIORITY	DATE NEEDED
-----------------------------	---	-------------

REMARKS

COVER ADDITIONAL INFORMATION WITH LETTER

DATE SAMPLED

BY TITLE

DIST, CO, RTE, PM

LIMITS

CONT. NO.

FED. NO.

RES. ENGR. OR SUPT.

ADDRESS

CONTRACTOR



**FIELD SAMPLE OF PORTLAND CEMENT CONCRETE
SAMPLE CARD**

TL-0502 (REV. 6/97)

		NO.	
CONTR. NO.		FED NO.	
DIST.	CO.	RT.	P.M.

LIMITS OF WORK

RES. ENG. OR SUPT

ADDRESS

CONTRACTOR

SOURCE OF MATERIALS

CEMENT	CERTIFICATE NO.
FINE AGGREGATE	SMARA
COARSE AGGREGATE	SMARA

FIELD SAMPLE NO.

SIZE OF SPECIMEN - mm

DATE CAST

CEMENT - kg/m³

PERCENT AIR

KELLY BALL PENETRATION

WATER - kg/m³

SAMPLED FROM

ADMIXTURE

REMARKS

SAMPLED BY

TITLE

ENCLOSURE WITH SAMPLE**FIELD SAMPLE OF PORTLAND CEMENT CONCRETE
SAMPLE CARD**

TL-0502 (REV. 6/97)

		NO.	
CONTR. NO.		FED NO.	
DIST.	CO.	RT.	P.M.

LIMITS OF WORK

RES. ENG. OR SUPT

ADDRESS

CONTRACTOR

SOURCE OF MATERIALS

CEMENT	CERTIFICATE NO.
FINE AGGREGATE	SMARA
COARSE AGGREGATE	SMARA

FIELD SAMPLE NO.

SIZE OF SPECIMEN - mm

DATE CAST

CEMENT - kg/m³

PERCENT AIR

KELLY BALL PENETRATION

WATER - kg/m³

SAMPLED FROM

ADMIXTURE

REMARKS

SAMPLED BY

TITLE

ENCLOSURE WITH SAMPLE

STATE OF CALIFORNIA-DEPARTMENT OF TRANSPORTATION
JOB CEMENT SAMPLES RECORD
MR 0518 (Rev. 6/93)#CT-7541-6019-0

024070

Note: THIS IS A RECORD OF JOB CEMENT SAMPLES SHIPPED
TO THE LABORATORY BY THE RESIDENT ENGINEER.

DISTRICT	COUNTY	ROUTE	P.M.
CONTRACT OR W.O. NUMBER			
CONTRACTOR			
RESIDENT ENGINEER			PHONE NUMBER
ADDRESS			
SAMPLE REPRESENTS <i>(bbl.)</i>	TYPE <i>(Circle one.)</i>		
	I II III IV V 1P N F C		
BRAND	<input type="checkbox"/> Mineral admixture <input type="checkbox"/> Cement		
MILL OR SOURCE LOCATION			
TYPE WORK			
Certificate of Compliance Received From (name)	MILL OR SOURCE		
	READY-MIX MANUFACTURER		
	CONCRETE PRODUCTS MANUFACTURER		
CERTIFICATE OF COMPLIANCE NUMBERS			
SAMPLED BY <i>(print)</i>			DATE SAMPLED
REMARKS			
G920167 93 96159			

White--Enclose with sample
Yellow--For Resident Engineer



STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
PRODUCT, MATERIAL, OR METHOD REPORT
(For Highway Planting or Erosion Control)
LA - 16 (REV 04/2001)

Purpose of Report: _____

LOCATION		DISTRICT	COUNTY	ROUTE	P.M. OR STA. AT EACH LOCATION
INSTALLED BY		CONTRACT NUMBER		MAINTENANCE OR OTHER	
DATE INSTALLED	COSTS			PLANS ATTACHED	<input type="checkbox"/> YES <input type="checkbox"/> NO

Evaluation and Comments: _____

FINANCIAL SAVINGS	ADDITIONAL EVALUATION REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

If yes, state reason: _____

INITIATED BY	DEPARTMENT	PHONE
REVIEWED BY	DEPARTMENT	PHONE

Send copy to: California Department of Transportation
Office of State Landscape Architecture, MS 28
Standards Branch
1120 N Street, Sacramento, CA 95814

DATE

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 263-2041 or TDD (916) 263-2044 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA. 95814



STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
REPORT OF CHEMICAL SPRAY OPERATIONS
LA-17 (REV 04/2001)

REPORT OF CHEMICAL SPRAY OPERATIONS

CONTRACTOR	WEEK ENDING DATE	PROJECT DESCRIPTION										PROJECT NUMBER											
CHEMICAL MIXTURE AND PERCENT ACTIVE MATERIAL	A	B										C	D										
WATER RATE																							
APPLICATION PER SQUARE FOOT OR ACRE																							
CHECK PROPER BOX		PLANTING SPRAYED										PEST KILLED	DESCRIPTION OF AREA (STA., LOOP, ETC.)										
DAY	WINDY	CALM	A.M.	P.M.	CLOUDY	SUNNY	CHEMICAL USED				TREES	SHRUBS	IVY	ICE PLANT	GROUND COVER	GRASS	BROADLEAF	STOLONS	SCALE, MOTH, ETC.	DISEASE			
							A	B	C	D													
MON																							
TUE																							
WED																							
THU																							
FRI																							
SAT																							
RESIDENT ENGINEER COMMENTS:																						CONTRACTOR'S REPRESENTATIVE	
																						COPY TO: DISTRICT _____ MAINTENANCE FOR FILE	

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NOTICE OF CHANGE IN CLEARANCE OR BRIDGE WEIGHT RATING

TR-0019 (NEW 6/2000)

PLEASE FAX THIS FORM TO: NORTH REGION CONST/MAINT LIAISON (916) 322-4081
SOUTH REGION CONST/MAINT LIAISON (909) 383-4296

BRIDGE NAME			BRIDGE NUMBER		DATE
DISTRICT	COUNTY	ROUTE	PM	CITY	
SUBMITTED BY		PHONE NUMBER		FAX NUMBER	
TYPE OF CHANGE (SELECT ONE) <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY (SEE NOTE 1)		TENTATIVE START DATE		TENTATIVE END DATE	
BRIDGE WEIGHT RATING CHANGE (SELECT ONE) <input type="checkbox"/> YES <input type="checkbox"/> NO		EXISTING BRIDGE WEIGHT RATING		NEW BRIDGE WEIGHT RATING	

CLEARANCE DIAGRAM

BRIDGE NAME											

NOTES:

- 1) FOR TEMPORARY VERTICAL CLEARANCE CHANGES, DIMENSIONS ARE TO BOTTOM OF FALSEWORK
- 2) INCLUDE DISTANCE TO ANY OBSTRUCTION (i.e. -GUARDRAIL, COLUMNS, K-RAIL)

FOR LIAISON USE ONLY:

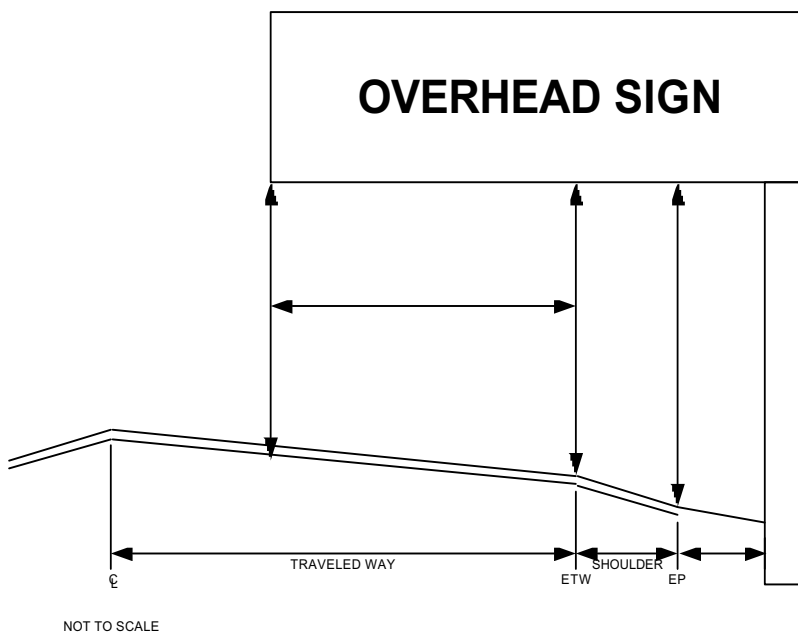
DATE RECEIVED BY LIAISON	DATE OF RCD/TRD CHANGE	LIAISON SIGNATURE
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NOTICE OF CHANGE IN VERTICAL OR HORIZONTAL CLEARANCE

TR-0020 (NEW 6/2000)

PLEASE FAX THIS FORM TO: NORTH REGION CONST/MAINT LIAISON (916) 322-4081
SOUTH REGION CONST/MAINT LIAISON (909) 383-4296

SIGN NAME			SIGN NUMBER		DATE
DISTRICT	COUNTY	ROUTE	PM	CITY	
SUBMITTED BY		PHONE NUMBER		FAX NUMBER	

CLEARANCE DIAGRAM

LOOKING _____ ON _____
(DIRECTION) (ROUTE)

☐ MAINLINE

☐ RAMP

FOR LIAISON USE ONLY:

DATE RECEIVED BY LIAISON	DATE OF RCD/TRD CHANGE	LIAISON SIGNATURE
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NOTICE OF CHANGE IN CLEARANCE OR BRIDGE WEIGHT RATING

TR-0029 (NEW 6/2000)

PLEASE FAX THIS FORM TO: NORTH REGION CONST/MAINT LIAISON (916) 322-4081
SOUTH REGION CONST/MAINT LIAISON (909) 383-4296

BRIDGE NAME		BRIDGE NUMBER		DATE
DISTRICT	COUNTY	ROUTE	PM	CITY
SUBMITTED BY		PHONE NUMBER		FAX NUMBER
TYPE OF CHANGE (SELECT ONE) <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY (SEE NOTE 1)		TENTATIVE START DATE		TENTATIVE END DATE
BRIDGE WEIGHT RATING CHANGE (SELECT ONE) <input type="checkbox"/> YES <input type="checkbox"/> NO		EXISTING BRIDGE WEIGHT RATING		NEW BRIDGE WEIGHT RATING

CLEARANCE DIAGRAM

BRIDGE NAME					
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NOTE 2 EP SHOULDER ETW TRAVELED WAY CL (SEE NOTE 3) TRAVELED WAY ETW SHOULDER EP NOTE 2

NOT TO SCALE

LOOKING _____ ON _____
(DIRECTION) (ROUTE)

☐ MAINLINE ☐ RAMP

NOTES:

- 1) FOR TEMPORARY VERTICAL CLEARANCE CHANGES, DIMENSIONS ARE TO BOTTOM OF FALSEWORK
- 2) INCLUDE DISTANCE TO ANY OBSTRUCTION (i.e. -GUARDRAIL, COLUMNS, K-RAIL)
- 3) FOR DIVIDED HIGHWAYS, USE FORM NUMBER TR-0019

FOR LIAISON USE ONLY:

DATE RECEIVED BY LIAISON	DATE OF RCD/TRD CHANGE	LIAISON SIGNATURE
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